



## NEW VENDOR REQUEST FORM/VENDOR CHANGE FORM

The information on this form will be used to set up or to change payment information for suppliers in our system.

<b>A valid W-9 must be provided in order to become a vendor for the San Diego Workforce Partnership, Inc.</b>			
<b>TYPE OF REQUEST</b>	<input type="checkbox"/> NEW VENDOR SET UP	<input type="checkbox"/> CHANGE OF ADDRESS/NAME	<input type="checkbox"/> WORKFORCE EMPLOYEE
	<input type="checkbox"/> CHANGE IN TYPE OF BUSINESS/1099	<input type="checkbox"/> CHANGE IN TAX ID NUMBER	
	<input type="checkbox"/> ADDING ACH INFORMATION	<input type="checkbox"/> COMMENTS:	
<b>PAYEE IDENTIFICATION INFORMATION (REQUIRED)</b>			
Payee's Name (individual/company name)			
Operating Name (if different from Payee's Name i.e. dba)			
Type of Business	<input type="checkbox"/> Individual, Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Non-Profit
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other:	<input type="checkbox"/> Workforce Employee
Correspondence Address			
City, State		Zip Code	
Remittance Email Address			
Phone #		Fax #	
<b>REMITTANCE ADDRESS (IF DIFFERENT FROM ABOVE)</b>			
P.O. Box or Street Address			
City, State		Zip Code	
<b>PAYMENT METHOD (REQUIRED)</b>		<input type="checkbox"/> ACH (if selected, provide copy of a voided check) <input type="checkbox"/> Check	
<b>ACH INFORMATION (ALL INFORMATION REQUIRED TO PROCESS ACH PAYMENTS)</b>			
<b>Please send a copy of a voided check with this form if selecting ACH as a form of payment. Note: First payment will be made by check.</b>			
Bank Representative Contact Name		Phone #:	
Bank Name		Bank Location	
ACH Routing Transit # (must be 9 digits, no letters)			
Bank Account Number			
Minority or Small Business		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>TYPE OF ACCOUNT (REQUIRED FOR ACH PAYMENTS)</b>		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>TAXPAYER IDENTIFICATION NUMBER (REQUIRED)</b>			
Social Security Number (for individuals)			
Federal Employer's Identification (EIN) #			

### WORKFORCE PARTNERSHIP USE ONLY

Has debarment been checked:  Yes     No

To check debarment status, visit <https://sam.gov/content/exclusions>

Purchase Request or AJCC email is attached to this vendor request:  Yes     No

*Reviewed and entered into MIP by Finance Staff.*

Name: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

*Reviewed MIP entry by Senior Finance Staff.*

Name: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

**Please submit form to [SDWPFINANCE@WORKFORCE.ORG](mailto:SDWPFINANCE@WORKFORCE.ORG) along with W-9**