



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.

A valid W-9 must be provided in order to become a vendor for the San Diego Workforce Partnership, Inc.

TYPE OF REQUEST	<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:	
PAYEE IDENTIFICATION INFORMATION (REQUIRED)			
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 #	
REMITTANCE ADDRESS (IF DIFFERENT FROM ABOVE)			
P.O. Box or Street Address			
City, State		Zip Code	
PAYMENT METHOD (REQUIRED)		<input type="checkbox"/> ACH (if selected, provide copy of a voided check) <input type="checkbox"/> Check	
ACH INFORMATION (INFORMATION REQUIRED TO PROCESS ACH PAYMENTS)			
Please send a copy of a voided check or bank letter/notice with this form if selecting ACH as a form of payment.			
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	
TYPE OF ACCOUNT (REQUIRED FOR ACH PAYMENTS)		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
TAXPAYER IDENTIFICATION NUMBER (REQUIRED)			
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 along with W-9

Please cc: _____

If known, please identify Training Type: ATA, IWT, ITA, OJT, TJS, CT, CET, Other: _____