



Saint Peter's University

**Supplier Request Form  
New/Change**

**Directions:** The Supplier Request Form must be completed by the requesting department and must be accompanied by an IRS W-9 Form completed and signed by the supplier. Incomplete and unsigned forms will be returned and a payment hold will be placed on the supplier. Please allow up to 72 hours for new suppliers to be created. Departments should check to see if the supplier is currently listed in the Sprit system prior to sending this form to a supplier.

<p><b>Section A. Type of Request (select one)</b></p> <p>a. New Supplier Request</p> <p>b. Change Request (check all that apply)</p> <p style="padding-left: 20px;">Add address/information for existing supplier</p> <p style="padding-left: 20px;">Change address/information for existing supplier</p> <p style="padding-left: 20px;">Update supplier Name from: _____</p> <p style="padding-left: 20px;">Other (please explain) _____</p>	<p><b>Section B. Department Contact Information</b></p> <p>Name of Person Submitting Request: _____</p> <p>Email Address/Phone Number: _____</p> <p>Date of Request: _____</p>												
<p><b>Section C. Supplier Information</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p>Supplier Name (company) if Individual - (Last, First, Middle Initial)</p> <p>_____</p> <p>Supplier Address (Purchase Order/Check Address):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Province/Country:</p> <p>_____</p> <p>Telephone Number                      Fax Number</p> <p>_____                                      _____</p> <p>Contact Name                              Contact Phone Number</p> <p>_____                                      _____</p> <p>Contact Email Address</p> <p>_____</p> <p>Company Web Site</p> <p>_____</p> </td> <td style="width: 50%; border: none; vertical-align: top;"> <p>Federal ID No./EIN/SSN</p> <p>_____</p> <p>Dunn and Bradstreet Number: (nine digit no. - different than Federal ID # - if supplier does not have one insert NA)</p> <p>_____</p> <p>Corporate Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Remittance Address (if different from above):</p> <p>Supplier Name (company) if Individual - (Last, First, Middle Initial)</p> <p>_____</p> <p>Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>		<p>Supplier Name (company) if Individual - (Last, First, Middle Initial)</p> <p>_____</p> <p>Supplier Address (Purchase Order/Check Address):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Province/Country:</p> <p>_____</p> <p>Telephone Number                      Fax Number</p> <p>_____                                      _____</p> <p>Contact Name                              Contact Phone Number</p> <p>_____                                      _____</p> <p>Contact Email Address</p> <p>_____</p> <p>Company Web Site</p> <p>_____</p>	<p>Federal ID No./EIN/SSN</p> <p>_____</p> <p>Dunn and Bradstreet Number: (nine digit no. - different than Federal ID # - if supplier does not have one insert NA)</p> <p>_____</p> <p>Corporate Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Remittance Address (if different from above):</p> <p>Supplier Name (company) if Individual - (Last, First, Middle Initial)</p> <p>_____</p> <p>Address:</p> <p>_____</p> <p>_____</p> <p>_____</p>										
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<p><b>Purchase Orders to be Sent To: (fax or email)</b></p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>												
<p><b>Section D. Type of Purchase/Payment (check all that apply)</b></p> <p>Product</p> <p>Services by corporation, partnership, government Agency, Corp LLC, or Partnership LLC</p> <p>Services by individual, sole proprietor, or single member LLC</p> <p>Award</p> <p>Honorarium</p> <p>Fees - magazines, journals, postage, conferences, memberships, registrations, etc.</p> <p>Refund/Reimbursement (No W-9 needed)</p> <p>Other (explain) _____</p>	<p><b>Section E. Supplier Classification (Check all that apply)</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Small Business Enterprise</td> <td style="width: 50%;">Native American Owned</td> </tr> <tr> <td>Women Owned</td> <td>Vietnam Veteran</td> </tr> <tr> <td>Asial Pacific American Owned</td> <td>Disable Veteran</td> </tr> <tr> <td>Black American Owned</td> <td>8A</td> </tr> <tr> <td>Hispanic American Owned</td> <td>Hubzone</td> </tr> <tr> <td colspan="2">Subcontinent Asian American Owned</td> </tr> </table>	Small Business Enterprise	Native American Owned	Women Owned	Vietnam Veteran	Asial Pacific American Owned	Disable Veteran	Black American Owned	8A	Hispanic American Owned	Hubzone	Subcontinent Asian American Owned	
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