

# Vendor Number Request Form

To: Purchasing  
Lincoln Center

From: \_\_\_\_\_

Date: \_\_\_\_\_

Extension: \_\_\_\_\_

**ALL REQUESTORS SEEKING A NEW VENDOR MUST INSURE A W-9 FORM IS AVAILABLE TO BE AN APPROVED VENDOR. THE ONLY EXCEPTION IS CURRENT EMPLOYEES SEEKING REIMBURSEMENTS**

<p>Vendor Name: _____</p> <p>Address: _____ _____ _____</p> <p>Remit: _____ (if different) _____ _____</p> <p>Phone: _____</p> <p>Fax: _____</p>	<p>Vendor Number Assigned</p>
<p>Vendor Name: _____</p> <p>Address: _____ _____ _____</p> <p>Remit: _____ (if different) _____ _____</p> <p>Phone: _____</p> <p>Fax: _____</p>	<p>Vendor Number Assigned</p>

USE THIS FORM FOR THE FOLLOWING:

1. CREATING A NEW VENDOR (CHECK VENDOR FILE BEFORE SUBMITTING)
2. SUBMITTING ADDRESS CHANGE INFORMATION FOR CURRENT VENDORS

FAX TO 847.360.5446 OR E-MAIL TO EGILMORE@WPS60.ORG