

VENDOR INPUT SHEET

FUNCTION: (ADD) (CHANGE) (DELETE)

DEPARTMENT: PARKS & RECREATION

NAME: _____

DATE: _____

VENDOR NUMBER ASSIGNED: _____

VENDOR CATEGORY: _____

(REMITTANCE ADDRESS/PAYMENTS)

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

TELEPHONE # () _____ FAX # () _____

FEDERAL I. D.# _____ (OR) SOC. SECURITY # _____

CONTACT PERSON: _____

1099 BOX # _____ (TYPE 7 FOR ALL SERVICE PROVIDERS AND 6 FOR MEDICAL)

1099 BOX MUST BE COMPLETED WHEN SUBMITTING VENDOR INPUT SHEET.

*REFER TO CK REQUEST PROCEDURE FOR EXAMPLES OF A SERVICE PROVIDER FOR 1099 PURPOSES.

ORDER TAKING/MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

FUNCTION: (ADD, CHG. DEL)

NAME: _____

ADDRESS: _____

CITY: _____

STATE & ZIP: _____

TELEPHONE: # () _____