

# VENDOR PAYEE REQUEST

\_\_\_\_ New Vendor (Must have Vendor sign W9)

New Number: \_\_\_\_\_  
(Auditor's Issue & Return to Dept.)

\_\_\_\_ New Employee (Must Include Soc. Sec. #)

\_\_\_\_ Vendor Name Change (Letter in Writing from Vendor Needed)

\_\_\_\_ Vendor Address Change

\_\_\_\_ Payee (REFUND ON DEPOSIT MONEY)

\_\_\_\_ Payee (ONE TIME PAYMENT)

Vendor/Payee Name: \_\_\_\_\_

Remit to Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office/Cell Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**\*Purpose of Payment:** \_\_\_\_\_

**For vendors who provide a service:** (this includes vendors who provide any services, construction, attorneys, doctors, maintenance projects, etc.) The following information is needed.

If they are a sole proprietorship ask for:

The Owners Name: \_\_\_\_\_

Their Social Security #: \_\_\_\_\_

Federal Identification #: \_\_\_\_\_

(Required for all vendors unless they are incorporated)

If the vendor will be paid with Federal funding ask for the vendor's:

Unique Entity Identifier (UEI)#: \_\_\_\_\_

Department: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

\* Purpose of payment is required in order to determine whether the County needs to issue a 1099 to the vendor.