



Vendor Verification Form

For new vendors or changes

Vendor Information

Company/Name			Vendor #:
DBA if applicable			
Address/Unit #			
City/State/Zip			
Web address:			
Country if not US		Phone:	
Email:			

Vendor Purchase Order (PO) and Payment Address

PO Mailing Address		
City/State		Zip:
Payment Address if different from PO		
City/State		Zip:

Vendor Contact Information

Name		Title	
Contact Phone #		Fax #	
Email			

Vendor Identification/Type

SSN:		OR	EIN:		Receive 1099? Y/N
Check One:	Service Provider		Product Provider		

REQUIRED DCSD USE ONLY -Date:			Submitted by:		
To add DCSD employee for reimbursement complete Vendor Information section above & enter employee ID number here ----->					Employee ID #

Return vendor form to sender via email.