

NEW VENDOR/VENDOR CHANGE FORM

VENDOR NAME: _____

VENDOR CONTACT NAME: _____

VENDOR PHONE #: _____

VENDOR FAX #: _____

VENDOR EMAIL ADDRESS: _____

PO MAILING ADDRESS: _____

PO BOX/STREET

CITY/STATE/ZIP

PAYMENT

REMIT ADDRESS: _____

(IF DIFFERENT FROM ABOVE)

PO BOX/STREET

CITY/STATE/ZIP CODE

Section below must be completed by JCPS office requesting vendor number

VENDOR TYPE

DESCRIBE PRODUCT AND/OR SERVICE TO BE ORDERED:

BUSINESS VENDOR

EMPLOYEE VENDOR

WOMAN OWNED BUSINESS (WBE)

MINORITY BUSINESS (MBE)

STUDENT VENDOR

SERVICE DISABLED VETERAN OWNED

BUSINESS (SDVOB)

INDIVIDUAL VENDOR

1099 VENDOR

VENDOR PAYMENT METHOD:

MUNIS:

ACTIVITY FUNDS:

CHECK IF ADDRESS CHANGE ONLY TO EXISTING VENDOR

(MUNIS) VENDOR NUMBER _____

IF VENDOR IS JCPS EMPLOYEE, PLEASE PROVIDE THE FOLLOWING:

EMPLOYEE ID# OR SSN: _____ PRIMARY REIMBURSEMENT MUNIS CODE: _____ - _____ - _____

JCPS COST CENTER MAKING REQUEST: _____
(LOCATION NAME AND NUMBER)

PHONE: _____

JCPS CONTACT NAME: _____ EMAIL: _____

@jefferson.kyschools.us

CLICK "SUBMIT" TO EMAIL THIS FORM. PLEASE ATTACH A W-9* BEFORE CLICKING "SEND"

***FOR ALL VENDORS (EXCEPT JCPS EMPLOYEES), A W-9 MUST BE SUBMITTED WITH THIS FORM.**