

SUPPLIER ID

SUPPLIER INTAKE / SETUP FORM

- New Supplier:** Complete **ALL** information below and include a W-9.
- Existing Supplier:** Enter Supplier ID# (in the box at top right) and indicate change.
- Employee or Student:** Complete and send directly to Accounts Payable.

*DBA Name: (as shown on invoice) _____

Primary Contact Name: _____

New Address (or moved to) _____

Old Address (if moved to) _____

Add Sequence

Add Change

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____ Website Address: _____

Is Sales Tax applicable to the supplier? Yes No

New Suppliers MUST submit a completed & SIGNED W-9 Form to effect payment. [Click here to retrieve the W-9 Form from the IRS website - http://www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf)

Notification of Company/Corporation name change **MUST originate from supplier.*

MINORITY, WOMAN AND DISABLED VETERAN-OWNED BUSINESS ENTERPRISE CERTIFICATION SECTION

This section **MUST BE COMPLETED** for the District's State Reporting:

Business Category

- Minority Owned
- Woman Owned
- Disabled-Veteran-Owned

Ethnicity

- Native American/Alaskan
- Asian/Pacific Islander
- Hispanic/Latino
- Caucasian/White

Consistent with State Law, administrative regulations, and the District's Equitable Opportunities for Business Enterprises Program, specific declarations to your status is required.

SDCCD Employee: Enter Name & Email address to be notified by Purchasing of the Supplier ID number

Name: _____ Email: _____