



GOVERNMENT OF GUAM
 DEPARTMENT OF ADMINISTRATION
 DIVISION OF ACCOUNTS
VENDOR RECORDS



To: Accounts Payable Section
 From: DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
 Subject: Request for establishment of vendor number or change of vendor record.

This is a request for the establishment of vendor number or the change of vendor record for the following:

<input checked="" type="checkbox"/> NEW VENDOR	<input type="checkbox"/> CHANGE OF VENDOR RECORD
Name _____	Name _____
Mailing _____	Mailing _____
Address _____	Address _____
_____	_____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____

OTHER REQUIRED INFORMATION	
Taxpayer ID No./Soc Sec No: _____	Type of Product / Svc: _____
Contact No.(work): _____	Contact No.(other): _____
Fax Number(s): _____	E-mail Address: _____
Check all Applicable: <input type="checkbox"/> Petty Cash Custodian <input type="checkbox"/> Business License <input checked="" type="checkbox"/> EMPLOYEE <input checked="" type="checkbox"/> Proper identification	Existing Vendor Number <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

VENDOR APPLICANT'S SIGNATURE

Print Name: _____
 Print Title: _____

Please fill out, print & sign the IRS W-9 form:
<http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=3>

REQUESTING AGENCY or DEPARTMENT			
Submitted by:			
_____	_____	_____	_____
<i>Signature</i>	<i>Name & Title</i>	<i>Contact No.</i>	<i>Date</i>

DEPARTMENT OF ADMINISTRATION	
<div style="border: 1px solid black; padding: 5px; width: 150px; height: 40px; display: flex; align-items: center;"> <div style="background-color: #e0f7fa; padding: 2px;">Vendor Number</div> <div style="flex-grow: 1; border-left: 1px solid black;"></div> </div>	Established by: _____ <i>Signature</i>
	_____ <i>Date</i>