



MONROE COUNTY BOARD OF COUNTY COMMISSIONERS VENDOR REQUEST FORM

FOR FINANCE OFFICE USE ONLY

VENDOR #: _____

POSTED BY: _____

DATE: _____

**VENDOR REQUEST FORM MUST BE ACCOMPANIED BY
W-9 FORM COMPLETED & SIGNED BY THE VENDOR**

Form W-9: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

(NOTE: Form W-8 must be completed for foreign corporations - <https://www.irs.gov/pub/irs-pdf/iw8.pdf>)

New Vendor

Change Vendor Information

Vendor Name: _____

Search Name/Abbrev: _____

Street Address: _____

P.O. Box: _____

City/State/Zip: _____

Phone: _____ Email: _____

Vendor Remittance Name and Address (if different from above)

Vendor Name: _____

Street Address: _____ P.O. Box: _____

City/State/Zip: _____

Contact Name: _____ Contact Phone: _____

Tax ID Number or SSN: _____

FAX Number: _____

Email: _____

Purpose of New Vendor: _____

1099 Required?

Yes No

If **Yes**, please check 1099 Type:

- A Attorneys
- M Medical/Healthcare Payments
- N Non-Employee Compensation
- O Other Income
- R Rentals

Requested By: _____ Dept: _____ Date: _____

Signature of Requestor: _____

**Please Return the Completed Form & W-9 to the Clerk's Office
via AP@monroe-clerk.com or via Courier STOP 8**