



MONROE COUNTY BOARD OF COUNTY COMMISSIONERS CARES VENDOR FORM

FOR FINANCE OFFICE USE ONLY

VENDOR #: _____

POSTED BY: _____

DATE: _____

**VENDOR REQUEST FORM FOR CARES GRANT APPLICANTS MUST BE ACCOMPANIED BY
W-9 FORM COMPLETED & SIGNED BY THE VENDOR**

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

New Vendor

Change Vendor Information

CARES Applicant: _____

Search Name/Abbrev: _____

Street Address: _____

P.O. Box: _____

City/State/Zip: _____

Phone: _____ Email: _____

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: _____

1099 Required?

Yes No

FAX Number: _____

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

Email: _____

- Attorneys
- Medical/Healthcare Payments
- Non-Employee Compensation
- Other Income
- Rentals

Purpose of New Vendor:

CARES GRANT APPLICANT

Requested By: _____ Dept: _____ Date: _____

Signature of Requestor: _____