

VENDOR FORM

PLEASE E-MAIL OR FAX THIS FORM TO PROCUREMENT SERVICES AT 312-553-2594 or (procurementservices@ccc.edu)

- Attach any/all documentation from the vendor (application, letter, quotes, invoices, certification/subscription forms, name and address changes, etc.).
- You must include a street address and a telephone number.
- Form must be signed and dated by a college business manager or district office department head.
- Incomplete forms will be returned to the Business Manager for completion.

1. THIS IS A REQUEST TO:

A. ENTER A NEW VENDOR (ATTACH PACKET)

B. MODIFY AN EXISTING VENDOR (VENDOR #): _____

BUSINESS CLOSED WRONG ADDRESS
 ADD ADDITIONAL ADDRESS BUSINESS MERGED
 VENDOR NAME MISSPELLED OTHER _____

2. ENTIRE CORPORATE OR LEGAL NAME: _____

➤ IS THIS PERSON OR COMPANY A CURRENT CCC EMPLOYEE? YES NO
 (*IF YES, FROM _____ TO _____ SEE NOTE**)

3. VENDOR TYPE (SELECT ONE):

SUPPLIER
 SERVICE
 ONE-TIME PAYMENT VENDOR
 INDEPENDENT CONTRACTOR
 RETIREE (HUMAN RESOURCES ONLY)
 PAYROLL DEDUCTION VENDOR (HUMAN RESOURCES ONLY)
 STUDENT
 EMPLOYEE
 OTHER (PLEASE SPECIFY) _____

*Assignment of a vendor number in FMS is for the purpose of employee expense reimbursement ONLY. Salaries and Wages are administered through the Payroll Department of Human Resources.

The following section to be completed for Students & Employee entries ONLY.

NOTE: **NO EMPLOYEE SHALL HAVE A SPECIAL INTEREST IN ANY CONTRACT, WORK OR BUSINESS OF THE BOARD OF TRUSTEES OF COMMUNITY COLLEGE DISTRICT NO. 508 EXCEPT AS PROVIDED FOR UNDER THE DISTRICT ETHICS POLICY.

4. STUDENT ID OR EMPLOYEE ID NUMBER: _____

5. ADDRESS: _____

6. CITY: _____ STATE: _____ ZIP CODE: _____

7. PHONE NUMBER: _____ FAX NUMBER: _____

8. NAME OF REQUESTOR: _____

9. PHONE NUMBER (W/EXT):. _____ BUSINESS UNIT: _____

10. APPROVED BY EXECUTIVE DIRECTOR/VICE CHANCELLOR/DEPARTMENT HEAD

PRINT NAME: _____

SIGN NAME: _____ DATE: _____