

## VENDOR FORM

Please E-Mail this form to Procurement Services at: ([procurementservices@ccc.edu](mailto: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	Business Merged
Wrong Address	Vendor Name Misspelled
Add Additional Address	Other

2. Entire Corporate or Legal Name:

- Is this person or company a current CCC employee?      YES                      NO  
(If yes, Dates From:                      To:                      \*\*see note)

*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*

3. Vendor Type (Select ONE):

Supplier	Payroll Deduction (HR ONLY)
Service	Student
One-Time Payment Vendor	Employee
Retiree (HR ONLY)	Other

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's Ethics Policy

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

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4. Student ID OR Employee ID No.:

5. Address:

6. City:                                      State:                                      Zip Code:

7. Phone No.:                                      Email Address:

8. Name of Requestor:

9. Requestor's Phone No.(w/Ext.):                                      Business Unit:

10. Approved by

**VP of Finance/Vice Chancellor/District Department Head**

Print Name:

Sign Name: \_\_\_\_\_ Date:

**Procurement Services**

Print Name:

Sign Name: \_\_\_\_\_ Date: