

VENDOR / SUB-GRANTEE REQUEST FORM

COMPLETED AND SIGNED W-9 FORM MUST ACCOMPANY THIS FORM!

DATE SUBMITTED:		
Requesting Municipality:	Person Submitting Request:	Phone Number:

Select Only One Request Type:

<input type="checkbox"/> NEW VENDOR (MUNICIPALITY)	<input type="checkbox"/> ADDITIONAL ADDRESS ORIGINAL VENDOR #:	<input type="checkbox"/> ADDRESS CHANGE ORIGINAL VENDOR #: VENDOR SITE CODE:
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MUNICIPALITY NAME (50 chars max): (Please enter Name IN CAPS)				
FEIN/SOCIAL SECURITY NUMBER (FROM W-9 FORM):	DUNS NUMBER:	GS03 FIELD (HHS Vendors Only):		
PURCHASE SITE:		PAY SITE:		
PHONE NUMBER:	FAX NUMBER:	CONTACT NAME: CONTACT TITLE: CONTACT EMAIL:		
STREET:		CITY:	STATE:	ZIP:

TO BE REVIEWED AND APPROVED BY COOK COUNTY GOVERNMENT:

<u>REVIEWED & APPROVED BY:</u>	<u>DATE COMPLETED:</u>	<u>NEW VENDOR NUMBER:</u> <u>NEW SITE CODE:</u>
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