

VENDOR / SUB-RECIPIENT REQUEST FORM

DO NOT USE THIS FORM FOR EMPLOYEE OR EX-EMPLOYEE VENDOR RECORDS. PLEASE TYPE OR PRINT CLEARLY.

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

DATE SUBMITTED:		
Requesting Cook County Agency:	Person Submitting Request:	Phone Number:

Select Only One Request Type:

<input type="checkbox"/> NEW VENDOR (COOK COUNTY AGENCY)	<input type="checkbox"/> ADDITIONAL ADDRESS ORIGINAL VENDOR #:	<input type="checkbox"/> ADDRESS CHANGE ORIGINAL VENDOR #: VENDOR SITE CODE:
--	--	--

COOK COUNTY AGENCY NAME (50 chars max): (Please enter Name IN CAPS)			
FEIN/SOCIAL SECURITY NUMBER (FROM W-9 FORM):	DUNS NUMBER:	GS03 FIELD (HHS Vendors Only):	
<input checked="" type="checkbox"/> PURCHASE SITE		<input checked="" type="checkbox"/> 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 CCP:</u>	<u>DATE COMPLETED:</u>	<u>NEW VENDOR NUMBER:</u> <u>NEW SITE CODE:</u>
--	------------------------	--

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

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

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