



XAVIER UNIVERSITY OF LOUISIANA  
 One Drexel Drive  
 New Orleans, Louisiana 70125

## VENDOR REQUEST FORM

- NEW VENDOR Requestor: \_\_\_\_\_
- CHANGES TO A CURRENT VENDOR Phone Number: \_\_\_\_\_

Banner Vendor ID \_\_\_\_\_

- COMPANY
- Company Name: \_\_\_\_\_
- Contact Person: \_\_\_\_\_
- Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_
- Fax Number: \_\_\_\_\_
- Tax ID Number: \_\_\_\_\_

Attach W-9 Form

Purchase Order Address

Payment Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- INDIVIDUAL
- Last Name: \_\_\_\_\_
- First Name: \_\_\_\_\_
- Middle Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_
- E-mail Address \_\_\_\_\_
- Tax ID or SS No. \_\_\_\_\_

Attach W-9 Form

Remittance Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TO BE COMPLETED BY THE PURCHASING DEPARTMENT				
<input type="checkbox"/> W-9	<input type="checkbox"/> Suspension and Debarment Form, if applicable	<input type="checkbox"/> 1099	<input type="checkbox"/> Contract	
System Updated by: _____		Date: _____		
Notified requestor of the update on: _____				
Notified via: <input type="checkbox"/> phone <input type="checkbox"/> fax <input type="checkbox"/> e-mail <input type="checkbox"/> campus mail				

Please submit form to:  Purchasing Department ATTN: Donzella Barthelemy  Campus mail: P. O. Box 121  Fax: (504) 520-7586  E-mail: dbarthel@xula.edu
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