



## **NEW PAYEE/VENDOR REQUEST**

### **PART I. PAYEE/VENDOR INFORMATION**

PAYEE/VENDOR NAME \_\_\_\_\_

ADDRESS FOR PAYMENT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE NO: (     ) \_\_\_\_\_ FAX NO: (     ) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  
(For Parent Reimbursement)

FACILITATOR I.D. \_\_\_\_\_  
(For Foster Parents)

### **PART II. TYPE OF PAYEE/VENDOR** (CHECK ONE BOX ONLY. THOSE MARKED WITH AN ASTERIK (\*) REQUIRE APPROVAL OF THE PURCHASING DEPT.)

☐ CAS EMPLOYEE

☐ FOSTER PARENT

☐ CLIENT ASSISTANCE

☐ INDIVIDUAL/SOLE PROPRIETOR\*

☐ COMPANY/ORGANIZATION\*

☐ PARENT REIMBURSEMENT

☐ CONSULTANT\* - SPECIFY TYPE:

☐ STIPENDS/ SCHOLARSHIPS

Health Professional / Other \_\_\_\_\_

☐ OTHER: \_\_\_\_\_

### **PART III. TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

Social security number

Employer identification number

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number,
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. I am a U.S. person.

Signature of

Payee/Vendor \_\_\_\_\_ Date \_\_\_\_\_

### **PART IV. INFORMATION ABOUT REQUEST**

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone No: \_\_\_\_\_ Department: \_\_\_\_\_

Reason for request and/or services provided: \_\_\_\_\_

For Fiscal use only:

Purchasing Dept. Approval: \_\_\_\_\_ Fiscal Dept. Input: \_\_\_\_\_