



## CPS INTERNAL ACCOUNTS VENDOR REQUEST FORM

Please complete the entire form and submit via email to [LSCJudge@cps.edu](mailto:LSCJudge@cps.edu). Incomplete forms will not be processed.  
 Remember to attach the W-9 for all new requests.

### SECTION 1 – TYPE OF REQUEST

- |  |   |
|--|---|
| <input type="checkbox"/> New (W-9 form attached)<br><input type="checkbox"/> Change of Address | <input type="checkbox"/> Change of Contact Person/Information<br><input type="checkbox"/> Change of TIN (W-9 and explanation of change that includes the old and new TIN) |
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### SECTION 2 - VENDOR INFORMATION

Legal Business or Individual Name (must match W-9)

Doing Business As (if different than above)

Taxpayer Identification:

- Social Security Number
- Employer Identification Number

Business Address

Remit to Address (if different than business address above)

City	State	Zip

Contact Information

Name	
Phone	Fax
Email	
Website	

### SECTION 3 – TYPE OF VENDOR

- Sports Official
- LSC Election Judge
- Other Individual (Guardian/Former)

Student) Type of Services / Products

CPS Board Approved Vendor

Vendor #:	Strategic Source Vendor :	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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### SECTION 4 – NOTES

### SECTION 5 – SIGN AND DATE

Print Name:	Date:
Signature:	