



CPS INTERNAL ACCOUNTS VENDOR REQUEST FORM

Please complete the entire form and submit via email to internalaccounts@cps.edu. Incomplete forms will not be processed.
Remember to attach the W-9 for all new requests.

SECTION 1 – TYPE OF REQUEST

- ☐ New (W-9 form attached) ☐ Change of Contact Person/Information
☐ Change of Address ☐ Change of TIN (W-9 and explanation of change that includes the old and new TIN)

SECTION 2 - VENDOR INFORMATION

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

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Doing Business As (if different than above)

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Taxpayer Identification:

Social Security Number

Employer Identification Number

			-			-				
			-							

Business Address

City	State	Zip

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

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CPS Board Approved Vendor

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

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SECTION 5 – SIGN AND DATE

Print Name:	Date:
Signature:	