



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

- | | |
|--|--|
| <input type="checkbox"/> New (W-9 form attached) | <input type="checkbox"/> Change of Contact Person/Information |
| <input type="checkbox"/> Change of Address | <input type="checkbox"/> 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

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Employer Identification Number

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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/Formal 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:	