

A-22

AGENCY/ACTIVITY #: 058/5800
 AGENCY NAME: CCSNH
 CONTACT PERSON: KIM BRENT
 AGENCY PHONE #: 271-1120
 AGENCY EMAIL: kbrent@ccsnh.edu
 DATE SUBMITTED:

VENDOR PHONE #:
 VENDOR FAX #:

PUR CODING ONLY

<input type="checkbox"/>	INITIAL SUBMISSION	Alt W-9 or W-9 required
<input type="checkbox"/>	NAME CHANGE	Documentation Required
<input type="checkbox"/>	ADDRESS CHANGE	Documentation Required
<input type="checkbox"/>	OTHER CHANGE	Documentation Required
<input type="checkbox"/>	FOR G&C LETTER	
<input type="checkbox"/>	ADDITIONAL LOCATION(S)	Documentation Required

RRP CODING ONLY

<input type="checkbox"/>	REFUND/REIMBURSEMENT	Documentation Required
<input type="checkbox"/>	PETTY CASH	Documentation Required

<input type="checkbox"/>	1099 VENDOR INDICATOR "N" for No - "Y" for Yes	VENDOR CODE/CLASS NEW <input type="text"/> EXISTING/REINSTATED <input type="text"/>
<input type="checkbox"/>	FOREIGN CORPORATION	
<input type="checkbox"/>	TAX TYPE: SSN OR FED	
<input type="text"/>	TAX I.D. NUMBER	

State of New Hampshire



Vendor Table Maintenance Form

REMIT ADDRESS
 VENDOR NAME/SOLE PROPRIETOR NAME

DBA OR LEGAL NAME IF OTHER THAN ABOVE

STREET ADDRESS

PO BOX

CITY, STATE, ZIP CODE

PURCHASING/PHYSICAL ADDRESS
 PURCHASING STREET ADDRESS

PURCHASING CITY, STATE, ZIP CODE

EMAIL ADDRESS

WEBSITE ADDRESS

CONTACT NAME