



Department of Purchasing and Travel

VENDOR REQUEST FORM

A completed form is required prior to adding your company/agency's name to the Jackson State University's vendor database. Please type or print legibly. You may fax the form to 601-979-0706 or scan and email the form to purchasing@jsums.edu.

To be processed, a direct deposit form must accompany this form.

Vendor Name _____ Tax ID #/SSN _____

Type of Business

- Sole Proprietor
- Partnership
- LLC
- Non-Profit
- Corporation
- Other (Specify) _____

Order Address

Payment Address

Address _____

Address _____

City _____ ST _____ Zip _____

City _____ ST _____ Zip _____

Contact Person: _____

Phone Number _____

Fax Number _____

Email Address _____

Website: _____

Commodity/Service Provided _____

use separate sheet if needed

The information requested below is required and will be used for data collection purposes only. Business Profile (check all that apply)

Certified Certifying Agency _____

Minority BE Woman BE Disadvantaged BE Small BE

Conflict of Interest Statement

Does any University employee serve as an officer, director or partner of this company? Yes No

Does Jackson State University provide employment for any part (or member of the party's immediate family) that has a 5% or greater ownership interest in this company? Yes No

If you answered "Yes" to any of the Conflict of Interest Statements, Identify the individual(s) and their relationship to your company. _____

Name _____

Date _____

Signature _____

Title _____

Purchasing _____

Date _____