



GOVERNMENT OF GUAM  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF ACCOUNTS



VENDOR RECORDS

To: Accounts Payable Section  
From: Guam Public Library System  
Subject: Request for establishment of vendor number or change of vendor record.

This is a request for the establishment of vendor number or the change of vendor record for the following:

<input checked="" type="checkbox"/> <b>NEW VENDOR</b>	<input type="checkbox"/> <b>CHANGE OF VENDOR RECORD</b>
Name <u>Jane Doe</u>	Name _____
Mailing Address <u>P.O. Box 000000</u>	Mailing Address _____
<u>Hagatna</u> <u>Guam</u> <u>96932</u>	_____
City State Zip Code	City State Zip Code

OTHER REQUIRED INFORMATION	
Taxpayer ID No./Soc Sec No: <u>000-00-0000</u>	Type of Product / Svc: _____
Contact No.(work): <u>000-0000</u>	Contact No.(other): _____
Fax Number(s): _____	E-mail Address: _____
<b>Check all Applicable:</b> <input type="checkbox"/> Petty Cash Custodian <input type="checkbox"/> Business License <input checked="" type="checkbox"/> <b>EMPLOYEE</b> <input checked="" type="checkbox"/> Proper identification	<b>Existing Vendor Number</b> _____

\_\_\_\_\_  
VENDOR APPLICANT's SIGNATURE

Please fill out, print & sign the IRS W-9 form:  
[/irs-pdf/fw9.pdf?portlet=3](#)

Print Name: Jane Doe  
Print Title: \_\_\_\_\_

REQUESTING AGENCY or DEPARTMENT			
Submitted by:			
_____	<u>Guam Public Library System</u>	_____	_____
Signature	Name & Title	Contact No.	Date

DEPARTMENT OF ADMINISTRATION	
Vendor Number	Established by:
_____	_____
	Signature Date