

VENDOR REQUEST/SURVEY FORM

Please type this form, then fax or email it to the Office of Procurement (256-372-5223)

To assist the Purchasing Department with vendor certification efforts, please answer the following questions.

1. What commodity or service will the vendor provide? (please specify) _____
 2. Was the Purchasing Department contacted for the name of a suggested vendor? Yes _____ No _____ (if no please explain) _____
 3. Why did you choose this vendor?—Recommended _____ Location _____ Previous visit _____ Other _____
 4. How did you learn about this particular vendor?
Magazine _____ Newspaper _____ Television _____ Radio _____ E-mail _____ Other (please specify below) _____
 5. In what capacity will the commodity or services be utilized? (Justification for vendor selection) _____
 6. How often do you plan to utilize the vendor? Weekly _____ Monthly _____ Occasionally _____ Once _____ Yearly _____
 7. Surplus property; Was Property Management contacted? Yes _____ No _____
 8. I, nor, anyone in my department has a conflict of interest or financial ties with this vendor. Yes _____ No _____
- Signature _____
Name _____ (print)

Department _____ Phone _____

INSTRUCTIONS FOR VENDOR CHANGE FORM COMPLETION

1. The vendor change request is used to load **new vendors**. **Fed. Tax ID#** _____
2. Notice that each record field has a maximum for the number of characters that can be recorded in the spaces provided.
3. The form is divided into two parts. (1) Ordering address and (2) Paying address. The ordering address is used when the purchase order is prepared by the computer. The paying address is the address to which vendor payments must be mailed.

Vendor's Name:

(29 positions)

Vendor's Ordering Address

(20 positions)

City/State _____ Zip code _____

(18 positions)

Phone No. _____ Fax _____

Vendor Paying Address

(20 positions)

City/State _____ Zip code _____

(18 positions) Organization: Manufacturer _____ Distributor _____ Retail _____ Contractor _____ Other _____

Commodity Code # _____ Small Business (SB) _____ Minority Owned _____ Other _____

Requested By: _____ Date Requested: _____ / _____ / _____

FOR PURCHASING OFFICE USE ONLY

Date Received: _____ / _____ / _____ Vendor No. Assigned _____

