



The University of Southern Mississippi REQUEST FOR NEW VENDOR ID

This form must be submitted with a W-9 from the vendor/individual.

If a W-9 is not received, payment cannot be made.

*INDICATED REQUIRED FIELD

Date: _____

*Department: _____

*USM Box: _____

*Contact Name: _____

*Phone: _____

*Vendor Name: _____

*Vendor Address: _____

*Vendor Phone: _____ Vendor Fax: _____

*Vendor EIN/SSN/or ITIN _____

*State the purpose for needing this vendor ID. What goods or services will this vendor be providing? Clearly describe their primary purpose. If the payment is for an honorarium or stipend, describe reason for payment in as much detail as possible.

PRIMARY PURPOSE FOR PAYMENT:

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Rents | <input type="checkbox"/> Medical | <input type="checkbox"/> Award for Service performed |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Honorarium | <input type="checkbox"/> Human Participant (research) |
| <input type="checkbox"/> Award | <input type="checkbox"/> Guest Lecturer | <input type="checkbox"/> Independent Contractor |
| <input type="checkbox"/> Stipend | <input type="checkbox"/> Attorney/CPA/etc | <input type="checkbox"/> Other _____ |

*If the vendor is an individual, is he or she a USM student?

Yes If yes, specify if undergraduate or graduate: _____

No

*Is the vendor/individual a U.S. company or citizen?

Yes

No If no, contact the Tax Compliance Officer at 266-4102