

Supplier ID #
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## SDCCD SUPPLIER INTAKE/SETUP FORM

- New Supplier:** Complete ALL the information below.
- Existing Supplier:** Enter Supplier ID # (in box at top right) and indicate changes below.
- Employee**
- Student**

\*DBA Name (as shown on your invoice): \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

New Address (or moved to): \_\_\_\_\_

Old Address (if moved from): \_\_\_\_\_

- Add sequence                       Add Change.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Supplier Website Address: \_\_\_\_\_

Category Code: \_\_\_\_\_

**New Suppliers must submit a completed & SIGNED W-9 Form to effect payment.**

Click here to retrieve the W-9 from the IRS  
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

*\*Notification of Company/Corporation name change MUST originate from supplier.*

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### SMALL AND DISADVANTAGED BUSINESS ENTERPRISE CERTIFICATION SECTION

This section **MUST BE COMPLETED** for the District's State Reporting.

**Business Category**

**Ethnicity**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Minority-Owned         | <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Woman-Owned            | <input type="checkbox"/> Asian/Pacific Islander         | <input type="checkbox"/> Caucasian/White |
| <input type="checkbox"/> Disabled-Veteran-Owned | <input type="checkbox"/> Black/African American         |  |

Consistent with State law, administrative regulations, and the District's Equitable Opportunities for Business Enterprises Program, a specific declaration as to your status is required.

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SDCCD Employee: Enter Name & Email Address

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_