San Diego Community College District

Supplier ID #

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: _____

Vendor Website Address: _____

Category Code: _____

New Vendors 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 vendor.*

SMALL AND DISADVANTAGED BUSINESS ENTERPRISE CERTIFICATION SECTION

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

Business Category

☐ Minority-Owned
☐ Woman-Owned
☐ Disabled-Veteran-Owned

Ethnicity

☐ Native American/Alaskan Native
☐ Asian/Pacific Islander
☐ Black/African American
☐ Hispanic/Latino
☐ Caucasian/White

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.

SDCCD Employee: Enter Name & Email Address

Name: _____ Email Address: _____