

TO BE COMPLETED BY CITY OF CHESAPEAKE EMPLOYEES ONLY. This form is used to obtain supplier information from City Departments for payments requested to ensure accurate supplier maintenance. Submit form to purchase@cityofchesapeake.net or **City of Chesapeake, Purchasing Division, 306 Cedar Rd., 5th Floor, Chesapeake, VA 23322.** **PLEASE PRINT OR TYPE LEGIBLY.**

New Supplier Request Change to an Existing Supplier

Legal Name (as shown on your tax return)	Social Security Number [][][] - [][] - [][][][][]
Business Name/disregard entity name, if different from above	Employer Identification Number [][][][][][][]
(Optional Account Information, such as PeopleSoft No. Vendor Reference Account etc.)	Employer Identification Number [][] - [][][][][][][]

Part I	TYPE OF BUSINESS/REIMBURSEMENT (check all that apply)
<input type="checkbox"/> Sole Proprietor/Individual <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership	
<input type="checkbox"/> Trust/Estate <input type="checkbox"/> Tax Exempt or Non-Profit Organization	
<input type="checkbox"/> Limited Liability Company. Enter the tax classification (C= C Corporation, S=S Corporation, P=Partnership) >	
<input type="checkbox"/> Other >	
<input type="checkbox"/> Employee <input type="checkbox"/> Temporary Staff <input type="checkbox"/> Refund Payment to Supplier	

Part II	DESCRIPTION OF PURCHASE/PAYMENT
Description of Service/Reason for payment (required): <h2 align="center">REFUND</h2>	

Part III	SUPPLIER MAILING ADDRESSES
<input type="checkbox"/> Main Address same as Remit Address	
Main Address (number, street, and apt. or suite no.)	Phone
City, State, and ZIP code	FAX
Business Email Address	Other Phone
Remit Address (number, street, and apt. or suite no.) – Use additional sheet for additional addresses	Phone
City, State, and ZIP code	FAX

Part IV	AUTHORIZATION/SIGNATURES
Employee/Supplier/Other Signature	Date
Authorized Departmental Signature	Date

Part V	DEPARTMENT CONTACT INFORMATION (required) - Email notification of supplier set-up will be sent to the contact provided below
Requestor Name	Phone
Department	Email

F O R P U R C H A S I N G D E P A R T M E N T O N L Y		
Vendor No.: _____	Date Entered/Initials: _____	Date Approved/ Initials: _____