

**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](mailto:purchase@cityofchesapeake.net) or **City of Chesapeake, Purchasing Division, 306 Cedar Rd., 5<sup>th</sup> 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)	<b>Social Security Number</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Business Name/disregard entity name, if different from above	<b>Employer Identification Number</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
(Optional Account Information, such as PeopleSoft No. Vendor Reference Account etc.)	<b>Employer Identification Number</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

<b>Part I</b>	<b>TYPE OF BUSINESS/REIMBURSEMENT (check all that apply)</b>																				
<table style="width:100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Sole Proprietor/Individual</td> <td style="width: 25%;"><input type="checkbox"/> C Corporation</td> <td style="width: 25%;"><input type="checkbox"/> S Corporation</td> <td style="width: 25%;"><input type="checkbox"/> Partnership</td> <td style="width: 25%;"><input type="checkbox"/> Employee</td> </tr> <tr> <td><input type="checkbox"/> Trust/Estate</td> <td><input type="checkbox"/> Tax Exempt or Non-Profit Organization</td> <td></td> <td></td> <td><input type="checkbox"/> Temporary Staff</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Limited Liability Company. Enter the tax classification (C= C Corporation, S=S Corporation, P=Partnership) &gt;</td> <td><input type="checkbox"/> Refund Payment to Supplier</td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Other &gt;</td> </tr> </table>		<input type="checkbox"/> Sole Proprietor/Individual	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Employee	<input type="checkbox"/> Trust/Estate	<input type="checkbox"/> Tax Exempt or Non-Profit Organization			<input type="checkbox"/> Temporary Staff	<input type="checkbox"/> Limited Liability Company. Enter the tax classification (C= C Corporation, S=S Corporation, P=Partnership) >				<input type="checkbox"/> Refund Payment to Supplier	<input type="checkbox"/> Other >				
<input type="checkbox"/> Sole Proprietor/Individual	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Employee																	
<input type="checkbox"/> Trust/Estate	<input type="checkbox"/> Tax Exempt or Non-Profit Organization			<input type="checkbox"/> Temporary Staff																	
<input type="checkbox"/> Limited Liability Company. Enter the tax classification (C= C Corporation, S=S Corporation, P=Partnership) >				<input type="checkbox"/> Refund Payment to Supplier																	
<input type="checkbox"/> Other >																					

<b>Part II</b>	<b>DESCRIPTION OF PURCHASE/PAYMENT</b>
Description of Service/Reason for payment (required):	

<b>Part III</b>	<b>SUPPLIER MAILING ADDRESSES</b>	<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	

<b>Part IV</b>	<b>DEPARTMENT AUTHORIZATION/SIGNATURES</b>
Employee/Supplier Signature	Date
Authorized Departmental Signature	Date

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

<b>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</b>		
Vendor No.: _____	Date Entered/Initials: _____	Date Approved/ Initials: _____