TEXAS CHRISTIAN UNIVERSITY
NEW VENDOR REQUEST FORM

After receiving all applicable departmental/school/college approvals, please email the completed form and vendor W-9 form to Financial Services at NewVendorRequest@tcu.edu . This form must be completed before Accounts Payable can set up a new vendor for payment by TCU.

☐ W-9 Attached

Vendor Information

Vendor Name _____

Vendor Street Address _____

City _____ State _____ Zip _____

Vendor Website Address _____

Vendor Contact Name _____ Phone _____

Contact Email _____

Description of goods/services to be purchased:

Are goods/services being purchased via contract? ☐ Yes ☐ No

Estimated Annual Financial Obligation _____

Department Information

Requesting Department _____ Date _____

Physical Bldg & Room # _____ TCU Box # _____

Phone Extension _____ Email _____

Department Approvals

TWO APPROVAL SIGNATURES ARE REQUIRED, ONE OF WHICH MUST BE THE DEPARTMENT HEAD.

I certify that I am requesting the above vendor to be set up for payment of goods or services provided to TCU for TCU business purposes and that I have no conflict of interest or other relationship with the above vendor.

TCU Contact Person Name _____

TCU Contact Person Signature _____ Date _____

Department Head Name _____

Department Head Signature _____ Date _____