

## Saint Dominic's Family Services Vendor Approval / Deactivation Form

This form must be completed and approved in advance of adding a vendor to the Accounts Payable System.

[\*required]

Vendor Name\*: \_\_\_\_\_ **W-9 Required**\*: Yes / No

DBA (if different): \_\_\_\_\_ **Tax ID/EIN**: \_\_\_\_\_

Vendor Address\*: \_\_\_\_\_

Vendor Contact Person\*: \_\_\_\_\_

Vendor Contact Number\*: ( ) \_\_\_\_\_ (circle one) \* Approve / Deactivate / Reactivate

Category of Spend\*: \_\_\_\_\_

(Category of Spend: Employee related expenses, professional services, maintenance, computer equipment, insurance, facility leases, supplies, office supplies, utilities, other)

Reason for Deactivation\*: \_\_\_\_\_

Medicare/Medicaid Approved\*: Yes / No / N/A (circle one)

**CQI APPROVAL:**

**Contract Attached: Yes / No**

Requested By\*: \_\_\_\_\_ Date:     /     /  
[print name] [signature]

Department Head\*: \_\_\_\_\_ Date:     /     /  
[print name] [signature]

Purchasing Approval: \_\_\_\_\_ Date:     /     /  
[print name] [signature]

Fiscal Approval\*: \_\_\_\_\_ Date:     /     /  
[print name] [signature]