|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Allegheny County**  **Vendor Creation Form** | | | | | | | Controller’s use only:  Supplier No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1099 Eligibility:  Yes  No | | | | | |
| Add Change Supplier No. | | | | | | | | | | | | |
| **Company Information:** | | | | | | | | | **Federal Tax ID (TIN)** | | | |
|  | | | | | | | |  |  | | | |
| **Company Name** (Please type or print) | | | | | | | | | **Original** W-9 must be attached | | | |
| **Required information**  **Type of Service Provided** | | | | | | | | | | **Type of Commodity Provided**  (please describe below) | | |
| Independent Contractor | | | | Rent | | | | | |  | | |
| Maintenance/Service Agreement | | | | Care Giver | | | | | |
| Insurance | | | | Legal | | | | | |
| Personal Reimbursement | | | | Medical | | | | | |
| Other (please list) | | | | | |  | | | | | | |
| **Required Information**  **Minority Or Women Owned** | | | | | | Yes  No | | | | | | |
| If yes select ethnicity and gender of the vendor below: | | | | | | | | | | | | |
|  | Asian Pacific American | | | | | | | | | | |  |
|  | Black American | | | | | | | | | | |  |
|  | Hispanic American | | | | | | | | | | |  |
|  | Native American | | | | | | | | | | |  |
|  | Subcontinent Asian American | | | | | | | | | | |  |
|  | Non-Minority Woman | | | | | | | | | | |  |
|  | Other | | | | | | | | | | |  |
| If Yes | | Male Female | | | | | | | | | |  |
| Certified By: | | | PAUCP | | PADGS | | | | | | Non PA Certification | |
| (attach copy of certification) | | | | | | | | | | | | |
| **Non-Profits including Faith Based Organizations** | | | | | | | | | | | | |
| Faith Based Non-Minority | | | | | | | | | | | | |
| Faith Based Minority | | | | | | | | | | | | |
| African American Non-Profit | | | | | | | | | | | | |
| Other Non-Profit | | | | | | | | | | | | |
| **Outreach Manager Interface**  Yes  No | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Industry Classification by NAICS Code** | | | | | | | | | |
| Primary Industry | | |  | | | | | | |
| Secondary Industry (if applicable) | | |  | | | | | | |
| \*If code is not known go to <http://www.census.gov/epcd/naics02/naicod02.htm> and select the correct code. | | | | | | | | | |
| **Required Information**  **Supplier/Remit To Information (Search Type “V”)** – (Where check will be mailed for payment. Check must be made payable to exact name listed under TIN provided or check cannot be processed.)  **Please print or type** | | | | | | | | | |
| Supplier/Payee Name | |  | | | | | | | |
| Address Line 1 | |  | | | | | | | |
| Address Line 2 | |  | | | | | | | |
| Address Line 3 | |  | | | | | | | |
| City | |  | | | | State | |  | |
| ZIP Code | |  | | | |  | | |  |
| Telephone Number | |  | | | |  | | | |
| Fax Number | |  | | | |  | | | |
| \*If the “remit to” information provided on form does not match invoices submitted for payment, the Controller’s Office MUST contact supplier to verify address information before payments are processed. Thank you for your cooperation. | | | | | | | | | |
| If the Allegheny County Department with which you do business is known, providing the information below will help in the processing of your payments. Failure to include the information may result in processing delays. | | | | | | | | | |
| **Allegheny County**  **Departmental Contact** | | | |  | **Supplier/Payee Contact Name** | | | | |
| Name |  | | |  | Name | |  | | |
| Telephone No. |  | | |  | Telephone No. | |  | | |
| Fax No. | 412-350-3414 | | |  | Fax No. | |  | | |
| EMail Address: | @AlleghenyCounty.us | | |  | Email Address: | |  | | |
|  | | | | | | | | | |