



GOVERNMENT OF GUAM

DEPARTMENT OF ADMINISTRATION

DIVISION OF ACCOUNTS

mail: ATTN: Division of Accounts, P.O. Box 884, Hagatna, GU 96932 * fax: 671-472-8483



VENDOR RECORD / EFT ESTABLISHMENT REQUEST

To: Accounts Payable Section

From: _____

Subject: Request for establishment of vendor number or change of vendor record.

This is a request for the establishment of vendor number or the change of vendor record for the following:

NEW VENDOR

CHANGE OF VENDOR RECORD

Name _____

Name _____

Mailing _____

Mailing _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

OTHER REQUIRED INFORMATION

Taxpayer ID No./Soc Sec No: _____

Type of Product / Svc: _____

Contact Number (primary): _____

Contact No.(other): _____

Fax Number: _____

E-mail Address: _____

Check all Applicable: Petty Cash Custodian

Business License Proper identification

TRAVEL EMPLOYEE

Form W-9 <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Electronic Funds Transfer (EFT) Information¹

Type of Account: Checking: Attach Voided Check or Personalized Deposit Slip

Savings: Attach Copy of Current Bank Statement

Bank Name and Address _____

Account Number _____ Routing Number _____

¹ The undersigned confirms its account number and title named above and hereby acknowledged that the undersigned has no enforceable right in, or to Department of Administration. The undersigned also has read and understood 4 GCA §8169 which state:

Any person who knowingly makes any false statement or falsifies or permits to be falsified, any record or records of this system, in any attempt to defraud the system, is guilty of a misdemeanor and shall be punishable therefore under the laws of the government of Guam, and the system shall have the right to recover any payments made under false representations.

Existing Vendor Number

NOTE: Please attach all required supporting documentation. Incomplete requests will not be processed and may create unnecessary delays in the vendor establishment process.

VENDOR APPLICANT'S SIGNATURE

Print Name: _____

Print Title: _____

Date Signed: _____

DEPARTMENT OF ADMINISTRATION

Vendor Number

Established by:

Signature

Date