

**Columbia Public Schools  
VENDOR SETUP / CHANGE FORM**

**Vendor Name:** \_\_\_\_\_  
(Name federal identification number is registered under)

**D.B.A. Name:** \_\_\_\_\_

Is this business owned wholly or partially by any Columbia Public Schools' employee? If yes, please list full name of employee: \_\_\_\_\_

**Purchase Order Address (as should appear on purchase order):**

**Address Line 1** \_\_\_\_\_

**Address Line 2** \_\_\_\_\_

**Address Line 3** \_\_\_\_\_

**Zip** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Remit To Address (for payment, if different from above):**

**Address Line 1** \_\_\_\_\_

**Address Line 2** \_\_\_\_\_

**Address Line 3** \_\_\_\_\_

**Zip** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Web URL:** \_\_\_\_\_

- Please check all that apply:**
- |   |   |
|---|---|
| <input type="checkbox"/> Minority-Owned | <input type="checkbox"/> Woman-Owned      |
| <input type="checkbox"/> Small Business | <input type="checkbox"/> HUB              |
| <input type="checkbox"/> Local Business | <input type="checkbox"/> Disabled Veteran |
| <input type="checkbox"/> Section 8A     |   |

**\*\* A W-9 COMPLETED BY THE VENDOR MUST BE ATTACHED \*\***  
(Vendors will not be set up or changed without a completed W-9)

Any account under our Tax ID #43-6000318 must have the billing address as: Columbia Public Schools, Accounts Payable, 1818 W. Worley St., Columbia, MO 65203. The "Ship To" address for orders should be the "Ship To" address printed on our purchase order that you receive. All invoices must include our approved purchase order number.