

**Supplier Request Form  
New/Change**

**Directions:** The Supplier Request Form must be *completed by the department* and must be accompanied by either an IRS W-9 form, Rutgers Substitute W-9 form or W-8BEN (for Foreign Entities) *signed and completed by the supplier*. Incomplete and unsigned forms will be returned and a payment hold will be placed on the supplier. Please allow up to 72 hours for new suppliers to be created. Departments should check to see if the supplier is in RIAS by visiting RU Internet Procurement and selecting "Supplier & Address Information". Departments procuring goods and/or services are encouraged to visit the purchasing website at <http://purchasing.rutgers.edu/> to see if a supplier is already in place for their purchase.

**NOTE:** RU employees cannot receive compensation payment through RIAS. Please contact payroll services.  
RU students receiving student aid (84400, 84500, etc) must be processed through Financial Aid Dept.  
RU student employees receiving an award payment (33400) must be processed through Payroll.

<p><b>Section A. Type of Request (select one):</b></p> <p>a. <input type="checkbox"/> New Supplier Request</p> <p>b. <input type="checkbox"/> Change Request (check all that apply)</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Add address/information for an existing supplier  <input type="checkbox"/> Change address/information for an existing supplier  <input type="checkbox"/> Update Supplier Name from: _____  <input type="checkbox"/> Other (please explain) _____         </p>	<p><b>Section B. Department Contact Information</b></p> <p>Name of Person Submitting Request: _____</p> <p>Telephone Number/ Email Address: _____</p> <p>Date Request: _____</p>												
<p><b>Section C. Supplier Information</b></p> <p>Supplier Name (company) if individual- (Last, First, Middle initial) _____</p> <p>Supplier Address (Purchase Order/Check address): _____</p> <p>_____</p> <p>_____</p> <p>Province/Country _____</p> <p>Telephone Number / Fax Number _____ / _____</p> <p>Contact Name / Phone Number _____ / _____</p> <p>Email Address: _____</p> <p>Website: _____</p> <p>-----</p> <p>Remittance address (if different from above): Supplier Name (Company) if individual- (Last, First, Middle initial) _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>Province/Country _____</p> <p>-----</p> <p>Federal ID # (nine digit # - may be called EIN # or Social Security #) _____</p> <p>Dun and Bradstreet number: (nine digit # – different than Federal ID # if supplier does not have one type in N/A). _____</p> <p>Corporate Address: _____</p> <p>_____</p>	<p><b>Section D. Type of Purchase/Payment (Check all that apply):</b></p> <p><b>a. Any boxes checked below - send forms to Purchasing at <a href="mailto:procure@rci.rutgers.edu">procure@rci.rutgers.edu</a> or fax to 732-445-3306.</b></p> <p><input type="checkbox"/> Product  <input type="checkbox"/> Services by Corporation, Partnership, Government Agency, Corporate LLC and Partnership LLC, (including foreign)</p> <p><b>Provide detailed description of product or service being provided:</b></p> <p>_____</p> <p>-----</p> <p><b>b. Any boxes checked below- send forms to Accounts Payables at <a href="mailto:payables@rci.rutgers.edu">payables@rci.rutgers.edu</a> or fax to 732-445-3953 (new fax number).</b></p> <p><input type="checkbox"/> Services by Individual, Sole Proprietor or Single Member LLC (including foreign)  <input type="checkbox"/> Award  <input type="checkbox"/> Honorarium  <input type="checkbox"/> Fees - magazines, journals, postage, conferences, memberships, registrations, etc.  <input type="checkbox"/> Royalty/Patent Assignment  <input type="checkbox"/> Refund/Reimbursement (no Sub W-9 needed)  <input type="checkbox"/> Scholarship/Fellowship/Grant (not processed through Fin Aid)  <input type="checkbox"/> TABER (for reimbursement of business expenses incurred by a Visitor only)  <input type="checkbox"/> Other (Explain) _____</p>												
<p><b>Section E. Supplier Classification (check all that apply)</b></p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Small Business Enterprise</td> <td><input type="checkbox"/> Native American Owned</td> </tr> <tr> <td><input type="checkbox"/> Women Owned</td> <td><input type="checkbox"/> Vietnam Veteran</td> </tr> <tr> <td><input type="checkbox"/> Asian Pacific American Owned</td> <td><input type="checkbox"/> Disabled Veteran</td> </tr> <tr> <td><input type="checkbox"/> Black American Owned</td> <td><input type="checkbox"/> 8A</td> </tr> <tr> <td><input type="checkbox"/> Hispanic American Owned</td> <td><input type="checkbox"/> Hubzone</td> </tr> <tr> <td><input type="checkbox"/> Subcontinent Asian American Owned</td> <td></td> </tr> </table>		<input type="checkbox"/> Small Business Enterprise	<input type="checkbox"/> Native American Owned	<input type="checkbox"/> Women Owned	<input type="checkbox"/> Vietnam Veteran	<input type="checkbox"/> Asian Pacific American Owned	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Black American Owned	<input type="checkbox"/> 8A	<input type="checkbox"/> Hispanic American Owned	<input type="checkbox"/> Hubzone	<input type="checkbox"/> Subcontinent Asian American Owned	
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