



# GOVERNMENT OF GUAM

DEPARTMENT OF ADMINISTRATION  
DIVISION OF ACCOUNTS

## VENDOR RECORDS

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code

CHANGE OF VENDOR RECORD

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code

Taxpayer ID Number: \_\_\_\_\_

Product / Service: \_\_\_\_\_

Existing Vendor Number	
------------------------	--

Attached is a copy of	<input type="checkbox"/> Business License
	<input type="checkbox"/> Proper identification

\_\_\_\_\_  
VENDOR APPLICANT'S SIGNATURE

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

### REQUESTING AGENCY or DEPARTMENT

Submitted by:			
<i>Signature</i>	<i>Name &amp; Title</i>	<i>Contact No.</i>	<i>Date</i>

### DEPARTMENT OF ADMINISTRATION

Vendor Number	Established by:	
	<i>Signature</i>	<i>Date</i>