Reset Form

Print Form

Vendor Add/Edit Form

Date _____

Requested By _____

Vendor Number _____

**If changing vendor name or remittance address, please include a print screen showing how it appeared in Deltek prior to making the change.*

Type of Change

- ☐ Addition
- ☐ Address Change
- ☐ Phone Change
- ☐ Deletion
- ☐ Email Change
- ☐ Terms
- ☐ Name Change
- ☐ Contact Change
- ☐ Subcontractor
- ☐ Other _____

Vendor Name* _____

REMITTANCE ADDRESS*: Does vendor require a 1099? ☐ Yes ☐ No Does vendor require a W-9? ☐ Yes ☐ No

Address Line 1 _____ Phone _____

Address Line 2 _____ Alt. Phone _____

City _____ Fax _____

State _____ ZIP _____ Country _____

Contact Name _____ Email _____

Alt. Contact _____ Alt. Email _____

Payment Terms ☐ Net 5 ☐ Net 10 ☐ Net 15 ☐ Net 30 ☐ Net 45 ☐ Net 60 ☐ Other _____

PO ADDRESS: ☐ Check here if same as remittance

Address Line 1 _____

Address Line 2 _____

City _____

State _____ ZIP _____ Country _____

Pay Urgency 3 - Pay on Terms

Approval Status _____

Vendor Status Active

Vendor Type:

- ◯ Production
- ◯ Employee
- ◯ Professional Services
- ◉ Other
- ◯ QMS Registration
- ◯ Quality Survey

☐ ISO 9000 Compliant ☐ RoHs Compliant

Cage Code _____

NAICS Code _____

DUNS # _____

Tax ID# _____

Commodity Purchased _____

Business Size: Check all that apply:

- ☐ Large
- ☐ Small
- ☐ Native American
- ☐ Indian Tribe
- ☐ Non Profit
- ☐ Alaskan Native Corp
- ☐ Service Disabled Vet Owned
- ☐ SBA Certified Small Disadvantaged
- ☐ Non-certified Small Disadvantaged
- ☐ Woman Owned
- ☐ Veteran Owned
- ☐ SBA Certified Hubzone
- ☐ Ability One
- ☐ HBCU/MI

Approved By _____

Title _____ Date _____

Input By _____ Title _____ Date _____

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