

**San Diego Community College District**

Purchasing & Contract Services - 619-388-6562

<http://bussrv.sdccd.edu/purchasing>

Internal Use Only
<b>SUPPLIER ID</b>

## SUPPLIER INTAKE FORM

This application must be submitted along with a **completed and signed IRS W-9** form for all new suppliers. Current IRS documents can be found at: <https://www.irs.gov/forms-pubs/about-form-w9>. Completed forms are required in order for a supplier to be added to the District's supplier database. Please complete the fields below and submit all documents to your District contact for processing.

To update an existing supplier, employee or student, indicate the changes below and submit to purchasing for approval. For a new Employee or Student, use the Employee/Student's ID number and add three leading zero's (000xxxxxx) to the number. Ensure that there are 10 digits.

<input type="checkbox"/> <b>NEW SUPPLIER</b> <input type="checkbox"/> <b>EXISTING SUPPLIER</b> <input type="checkbox"/> <b>EMPLOYEE</b> <input type="checkbox"/> <b>STUDENT</b>			
<b>SUPPLIER INFORMATION</b>			
Legal Business Name			
Doing Business As (DBA)			
Individual/Sole Proprietor	First	M	Last
<b>MAILING ADDRESS</b>		<b>PAYMENT REMITTANCE ADDRESS</b>	
<input type="checkbox"/> <b>Change of address</b>		<input type="checkbox"/> <b>Same as mailing address</b>	
C/O:		C/O:	
Address:		Address:	
Address:		Address:	
City:		City:	
State:	Zip:	State:	Zip:
Phone: (    )		Phone: (    )	
Purchase Order Delivery Email Address			
Description of Commodity/Transaction		Other	
Are Your Products or Services Taxable in CA? Please Select the Appropriate Tax Classification			

<b>SUPPLIER'S PRIMARY CONTACT INFORMATION</b>			
Name		Phone	
Title		Email	

<b>DIVERSITY BUSINESS ENTERPRISE INFORMATION</b>			
<b>(TO BE COMPLETED BY SUPPLIERS ONLY)</b>			
<i>Consistent with State Law, administrative regulations, and the District's Equitable Opportunities for Business Enterprise Program, a specific declaration to your business ownership status is required for the District's reporting.</i>			
<b>BUSINESS CATEGORY</b>		<b>ETHNICITY</b>	
Type of Contractor		<small>Select if 8(a), MBE or self-certified SDB</small>	
MBE/SDB/DBE Programs		<input type="checkbox"/> African American	<input type="checkbox"/> Asian American/Pacific Islander
Number of Employees		<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American (Subcontinent)
Average Revenue (last 3 yrs)		<input type="checkbox"/> Native American	<input type="checkbox"/> Other
VOSB		<small>(American Indian, Eskimos, Aleuts, or Native Hawaiians)</small>	

**TO BE SIGNED BY AN SDCCD EMPLOYEE ONLY**

**SDCCD Employee:** Name and email address of the person to be notified by Purchasing when the supplier is approved.

**NAME:**

**DISTRICT EMAIL:**