

STATE OF RHODE ISLAND W-9 AUTHORIZATION FORM

To Supplier Coordinator: Attached please find W-9 form for the following vendor (only one W-9 per authorization form allowed)

Requestor Information: Name Department Telephone Email Vendor Information: Vendor Name Vendor Point of Contact_____ Email____ Goods: Yes No Services: Yes No *If Yes to services, will services be performed in RI? Yes No (if yes and required, please allow time for SOS registration) Is W-9 dated within one year of today's date? Yes No (if no, please obtain updated W-9 before submitting) Is the vendor's signature original or digital? Original Digital (if digital, please obtain original signature before submitting) By signing, I attest that no Master Price Agreement exists for the requested goods or services. CFO Signature Date

Note: This form should be used to request the addition of vendors that do not currently exist in the RIFANS supplier file and/or need to be updated.

Email completed forms to: DOA.PurSupplierCoordinator@purchasing.ri.gov

CFO Printed Name