



VENDOR REQUEST SURVEY FORM

ALABAMA A&M UNIVERSITY

Please type this form and fax it to the Office of Procurement (256-372-5223)

To assist the Purchasing Department with vendor certification efforts, please answer the following questions. The information from this survey will be used to help analyze the vendor request.

1. What commodity or service will the vendor provide? (please specify) _____
 2. Was the Purchasing Department contacted for the name of a suggested vendor? Yes _____ No _____ (if no please explain) _____
 3. Why did you choose this vendor? _____ Recommended _____ Location _____ Previous Visit _____ Other (please specify) _____
 4. How did you learn about this particular vendor? Magazine ___ Newspaper ___ Television ___ Radio ___ Email ___ Other _____ (please specify) _____
 5. In what capacity will the commodity or service be utilized? (Justification for vendor selection) _____
 6. How often do you plan to utilize the vendor? Weekly _____ Monthly _____ Occasionally _____ Once _____ Yearly _____
 7. Surplus property; Was Property Management contacted? Yes _____ No _____
 8. Neither I, nor, anyone in my department has a conflict of interest or financial ties with this vendor. Yes _____ No _____
- Signature _____
 Name (Print) _____
 Department _____ Email _____ Phone _____

INSTRUCTIONS FOR VENDOR CHANGE FORM COMPLETION

1. Notice that each record field has a maximum for the number of characters that can be recorded in the spaces provided.
2. The form is divided into two parts. (1) Ordering address and (2) Paying address. The ordering address is used when the purchase order is prepared by the computer. The paying address is the address to which vendor payments must be mailed.
3. Vendor Request Forms will be **EMAILED** to you once they have been completed.
4. **The vendor change request is used to load new vendors. Fed. Tax ID# or Social Security No.** _____
5. **Please specify if they are a Company, Student or Employee of Alabama A&M University.**

Vendor's Name: _____ (29 Positions)

Vendor's Ordering Address: _____ (20 Positions)

City _____ State _____ Zip Code _____ (18 Positions)

Phone Number _____ Fax _____

Vendor Paying Address _____ (20 Positions)

City _____ State _____ Zip Code _____ (18 Positions)

Organization: Manufacturer _____ Distributor _____ Retail _____ Contractor _____ Other _____
 Corporation _____ Small Business (SB) _____ Minority Owned _____ Other _____

Requested By: _____ Date Requested: _____/_____/_____

FOR PURCHASING OFFICE USE ONLY

Date Received: _____/_____/_____ Vendor No. Assigned _____