

# APS Vendor Number Request Checklist

*THIS CHECKLIST TO BE COMPLETED BY APS ADMINISTRATIVE PERSONNEL ONLY*

<b>Vendor Name:</b> _____		
<p style="text-align: center;"><b>Services</b></p> <p>Description: _____</p> <p>_____</p> <p>If this vendor is associated with <b>travel</b> (conference fee, hotel, etc.), please complete the following: TAN required: _____</p> <p>The funding for payment of these services will be:  <input type="checkbox"/> Operational  <input type="checkbox"/> Activity Funds  <input type="checkbox"/> Capital Funds  <input type="checkbox"/> Grant (please specify): _____</p> <p><input type="checkbox"/> Vendor's fully completed APS Vendor Questionnaire must be attached to this request.</p> <p><input type="checkbox"/> Vendor's IRS Form W-9, signed and dated within the last 12 months, must be attached to this request.</p> <p><input type="checkbox"/> Quote or proposal from vendor must be attached to this request.</p> <p><i>If you plan to also purchase goods from this vendor, please complete the Goods column to the right.</i></p>	<p style="text-align: center;"><b>Goods</b></p> <p>Description: _____</p> <p>_____</p> <p>The funding for payment of these goods will be:  <input type="checkbox"/> Operational  <input type="checkbox"/> Activity Funds  <input type="checkbox"/> Capital Funds  <input type="checkbox"/> Grant (please specify): _____</p> <p>_____</p> <p><input type="checkbox"/> Vendor's fully completed APS Vendor Questionnaire must be attached to this request.</p> <p><input type="checkbox"/> Vendor's IRS Form W-9, signed and dated within the last 12 months, must be attached to this request.</p> <p><input type="checkbox"/> Quote or proposal from vendor must be attached to this request.</p> <p><i>If you plan to also purchase services from this vendor, please complete the Services column to the left.</i></p>	<p style="text-align: center;"><b>Reimbursement</b></p> <p style="text-align: center;"><b>to:</b></p> <p><input type="checkbox"/> Employee (E# _____)  <input type="checkbox"/> Non-employee  <input type="checkbox"/> Parent  <input type="checkbox"/> Other: _____</p> <p>Reimbursement is for:  <input type="checkbox"/> Operational/activity fund travel (TAN: _____)  <input type="checkbox"/> Grant-funded travel  <input type="checkbox"/> Other: _____</p> <p>Employee reimbursements will be sent to the employee's address on file with HR. No other address may be substituted.</p> <p><input type="checkbox"/> For all non-employee reimbursements, an IRS Form W-9, signed and dated within the last 12 months, must be attached to this request.</p>

Sign and complete the fields below to agree with the following: A vendor number is not a purchase order. I will not order, request or receive goods or services from the applicant vendor until I have an approved and active APS Vendor Number, and an approved purchase order. Receiving goods and/or services prior to having an approved purchase order is in violation of the New Mexico Procurement Code, Section 13-1-28 through Section 13-1-199, NMSA 1978, and could constitute a possible audit finding.

School or Department Administrative Personnel Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Location Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail (will be notified when vendor setup is complete): \_\_\_\_\_

Site Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Title: \_\_\_\_\_

Scan this fully completed and signed checklist, the applicant vendor's W-9 and APS Vendor Questionnaire, the optional quote or proposal, and any other business documents provided by the applicant vendor (if required), and email to [vendor.processing@aps.edu](mailto:vendor.processing@aps.edu) from your aps.edu email account.

DO NOT WRITE BELOW THIS LINE – VENDOR APPROVAL COMMITTEE USE ONLY