## **APS Vendor Number Request Checklist**

THIS CHECKLIST TO BE COMPLETED BY APS ADMINISTRATIVE PERSONNEL ONLY

Services	Goods	Reimbursement
Description:	Description:	to:
If this vendor is associated with <u>travel</u> (conference fee, hotel, etc.), please complete the following:  TAN required:  The funding for payment of these services will be:  □ Operational □ Activity Funds	The funding for payment of these goods will be:  ☐ Operational ☐ Activity Funds ☐ Capital Funds ☐ Grant (please specify):	☐ Employee (E#) ☐ Non-employee ☐ Parent ☐ Other:  Reimbursement is for:
☐ Capital Funds ☐ Grant (please specify):	Vendor Questionnaire must be	☐ Operational/activity fund travel  (TAN:) ☐ Grant-funded travel
☐ Vendor's fully completed APS Vendor Questionnaire must be attached to this request.  ☐ Vendor's IRS Form W-9, signed and dated within the last 12 months, must be attached to this	attached to this request.  ☐ Vendor's IRS Form W-9, signed and dated within the last 12 months, must be attached to this request.	Other: Employee reimbursements will be sent to the employee's address on
request.  □ Vendor's New Mexico Gross Receipts Tax  Certificate (CRS-1) and Business License, must be attached to this request	☐ Vendor's New Mexico Gross Receipts Tax Certificate (CRS-1) and Business License, must be attached to this request	file with HR. No other address may be substituted.  ☐ For all non-employee reimbursements, an IRS Form W-9,
☐ Quote or proposal from vendor must be attached to this request.	☐ Quote or proposal from vendor must be attached to this request.	signed and dated within the last 12 months, must be attached to this request.
If you plan to also purchase goods from this vendor, please complete the Goods column to the right.	If you plan to also purchase services from this vendor, please complete the Services column to the left.	
ign and complete the fields below to agree with the eceive goods or services from the applicant vendor under. Receiving goods and/or services prior to having ection 13-1-28 through Section 13-1-199, NMSA 1978	ntil I have an approved and active APS Ve an approved purchase order is in violations, and could constitute a possible audit fir	endor Number, and an approved purcha on of the New Mexico Procurement Cod nding.
chool or Department Administrative Personnel Signa		
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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 <a href="mailto:vendor.processing@aps.edu">vendor.processing@aps.edu</a> from your aps.edu email account.

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