

**REQUEST FOR NEW PAYEE FORM**



SITE REQUESTING PAYEE \_\_\_\_\_

DATE \_\_\_\_\_

**Payee Information**

NAME: First and Last

\_\_\_\_\_

ADDRESS:

STREET:

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE/ZIP

\_\_\_\_\_

MAILING ADDRESS (if different):

STREET:

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE/ZIP

\_\_\_\_\_

PHONE NO:

\_\_\_\_\_

FAX NO:

\_\_\_\_\_

TAX ID/SOCIAL SECURITY #

\_\_\_\_\_

Return Completed Form to: Director-Purchasing

Riverside Unified Use Only

Date Entered

\_\_\_\_\_

Payee/Vendor Number

\_\_\_\_\_