

<b>A-ADD C-CHANGE D-DELETE R-REINSTATE</b>				<b>VENDOR NUMBER</b>									
PAY TO MAILING ADDRESS				VENDOR'S PHYSICAL STREET ADDRESS									
1	VENDOR NAME				9	VENDOR NAME							
2	ATTENTION TO				10	ATTENTION TO							
3	PO BOX OR STREET NO & NAME				11	PO BOX OR STREET NO & NAME							
4	CITY		ST/PROV	ZIP CODE	12	CITY		ST/PROV	ZIP CODE				
5	COUNTRY				13	COUNTRY							
6	SPECIAL (ADDITIONAL INFORMATION REQUIRED FOR MAILING)				14	SPECIAL (ADDITIONAL INFORMATION REQUIRED FOR MAILING)							
7	VENDOR'S PHONE NO.				15	COMMENTS (INCLUDING DESCRIPTION OF PRODUCT OR SVC):							
8	VENDOR'S E-MAIL ADDRESS				<b>VENDOR CLASSIFICATION - SPLY MGMT ONLY</b>								
<b>REQUIRED DOCUMENTS FROM VENDOR</b>				16	PAYMENT DOCUMENT TYPE: <input type="checkbox"/> INVOICE <input type="checkbox"/> LETTERHEAD WITH REMITTANCE ADDRESS								
US VENDOR - SIGNED W-9 INCLUDED <input type="checkbox"/> YES				17	ONE TIME VENDOR <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A								
CANADIAN VENDOR CHARGING TAX: *				18	HAS THE UNIT ALREADY MADE A PURCHASE WITH THIS VENDOR? <input type="checkbox"/> YES <input type="checkbox"/> NO								
GOVT FORM SHOWING GST/HST REGISTRATION NO. <input type="checkbox"/> YES <input type="checkbox"/> N/A				<b>VENDOR CERTIFICATION</b>									
GOVT FORM SHOWING QST REGISTRATION NO. <input type="checkbox"/> YES <input type="checkbox"/> N/A				INSURANCE CERTIFICATE									
* INVOICE SHOWING REGISTRATION NUMBERS IS ACCEPTABLE				ON FILE: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A									
<b>SUPPLY MGMT USE ONLY</b>				INDEMNITY AGREEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A									
INDUSTRY KEY (VENDOR TYPE)		MINORITY VENDOR CODE		LIABILITY INSURANCE									
UNIT'S DIVISION (FOR FOOD & SUPPLY VENDORS ONLY)				COVERAGE ADEQUATE: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A									
WITHHOLDING TAX CODE (A/P ONLY)		WITHHOLDING ACTION <input type="checkbox"/> YES <input type="checkbox"/> NO		INSURED AMOUNT:				EXPIRATION DATE (MM/DD/YYYY)					
PAYMENT TERMS		DAYS		DISC %		DOCUMENT TERMINOLOGY: <input type="checkbox"/> YES <input type="checkbox"/> NO				EEO CERTIFICATE ON FILE: <input type="checkbox"/> YES <input type="checkbox"/> NO			
EOM <input type="checkbox"/> YES <input type="checkbox"/> NO						QA AUDIT/PROGRAM: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXEMPT				VENDOR'S LAST REVIEW DATE (MM/DD/YYYY):			
CHECK DISTRIBUTION CODE		NON-PROFIT ORGANIZATION <input type="checkbox"/> YES <input type="checkbox"/> NO		EMPLOYEE UNIT NO. (EXPENSE REPORTS ONLY)				EMPLOYEE COMPANY					
EMPLOYEE IDENTIFICATION NO. (EXPENSE REPORTS ONLY)								VEHICLE STATUS <input type="checkbox"/> ALLOWANCE <input type="checkbox"/> COMPANY CAR					
19	DOES A CURRENT SODEXO EMPLOYEE HAVE ANY OWNERSHIP INTEREST DIRECT OR INDIRECT IN THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO				DOES A FORMER SODEXO EMPLOYEE HAVE ANY OWNERSHIP INTEREST DIRECT OR INDIRECT IN THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO								
				DOES A RELATIVE OF A CURRENT SODEXO EMPLOYEE, AND/OR PERSON WITH WHOM A CURRENT SODEXO EMPLOYEE HAS A PERSONAL RELATIONSHIP HAVE ANY OWNERSHIP INTEREST, DIRECT OR INDIRECT, IN THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO									
				DOES A RELATIVE OF A FORMER SODEXO EMPLOYEE, AND/OR PERSON WITH WHOM A FORMER SODEXO EMPLOYEE HAS A PERSONAL RELATIONSHIP HAVE ANY OWNERSHIP INTEREST, DIRECT OR INDIRECT, IN THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO									
20	REQUESTER (FULL NAME REQUIRED)		DATE		REQUESTER'S TELEPHONE NUMBER				UNIT NUMBER				
APPROVED BY (FULL NAME REQUIRED)				APPROVAL DATE		APPROVER'S TELEPHONE NUMBER							
PRINT APPROVER'S NAME AND TITLE (FULL NAME AND TITLE REQUIRED)													
REQUIRES REGIONAL ACCOUNT MANAGER (RAM) APPROVAL OF FOOD & OPERATING SUPPLY VENDORS, COMPLETED VENDOR ACTION REQUEST (VAR) MUST BE FORWARDED (MAILED OR FAXED) TO THE CLIENT PROCUREMENT CALL CENTER, WITH A COPY OF THE VENDOR'S INVOICE, W-9 FORM, AN ORIGINAL INSURANCE CERTIFICATE LISTING SODEXO AS ADDITIONALLY INSURED, AND INDEMNITY AGREEMENT										NOTE: SEE INSTRUCTIONS IN TOPIC AF 807-01 FOR MORE DETAIL			