Port Gamble S'Klallam Tribe New Vendor Set up/or TIN Request

Vendor Classification - Type of Supplies/Services are Provided

Employee Vendor Exempt Other 501-C Travel, Reimbursement Fisheries, TANF, Court **Business** Subcontract or Taxable Services? | Individual/Committee Medical/Dental Small Business TIN Social Security Number Name (Individual): Business Name: (If Applicable) Address: (Remittance) (If 1099 Misc. is mailed to different address, please specify. Contact Person: Telephone No.: Signature of Individual/Vendor Email or Web Address: Minimum Order/Credit Limit: __ Payment Terms: _____ Will This be a recurring Vendor? **YES** NO Independent Contract Complete & Signed? **YES** NO Does a Tax Exempt Form need to be sent to this vendor? YES NO Does Tribes Credit Application need to be sent to this vendor? YES NO PO 1099-3 1099-14 Check 1099-6 Exempt Travel 1099-7 See Exempt Above Vendor Class ID: Vendor Number Set Up: *The Tribe willl be subject to a \$50.00 fine if you (# Starts with 1st 3 Letters of First Name/Last 4 Letters of Last Name) do not complete W-9 Info & vendor may be subject *The employee set up may have other history prior to 04/30/06 to Back-Up W/H __ _ _ _ _ _ 0 0 01 Employees __ _ _ _ _ 0 0 0 2 Certified By (Employee, Director or HR) Vendors Exempt __ _ _ _ _ _ 0 0 0 3 Employee Non EFT __ _ _ _ _ _ _ _ 0 0 0 4 Verification of Posting: Employee Travel __ _ _ _ _ _ _ 0 0 0 5 Received By: __ __ _ _ _ 0 0 0 6 Reviewed By: Exempt Non EFT Individuals/Committees Posted By: __ _ _ _ _ _ _ _ _ _ _ _ _ _ 1099-3 Medical/Dental Subcontracts Small Businesses ______1099-7

Attorney