



Vendor Setup Form

New
Modified

Company Information

Company Name <i>(as listed on W-9 / W-8 for foreign entities)</i>	
Address <i>(as listed on W-9 / W-8 for foreign entities)</i>	
City, State, Zip Code	
Company Main Phone Number	
Company Website	
Company TIN or SS # for individuals	
Federal Tax Classification	

Type of Business

Description of products sold or services provided	
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Contact Information

Accounts Receivable Contact Name	
Accounts Receivable Contact Phone Number	
Accounts Receivable Contact E-Mail Address	

Accounting Manager Contact Name	
Accounting Manger Contact Phone Number	
Accounting Manager Contact E-Mail Address	

Payment Remittance Information

Payment Remittance Company Name	
Payment Remittance Mailing Address	
City, State, Zip Code	
Payment Remittance E-mail Address	

EFT Payment Bank Details

For expedited payments

Bank Name	
Bank Address	
Name on Bank Account	
Routing Number	
Account Number	
Account Type	Checking <input type="checkbox"/> Savings <input type="checkbox"/>

Please include a copy of your W-9/W-8 and either a voided check or a letter from your bank with EFT information.
W-9/W-8 not needed for reimbursements

Form Completed By:	
Date:	

Submit completed form and documents to: Accounting@lincoln.ne.gov

Form Updated August 2022