



STATE OF RHODE ISLAND
W-9 AUTHORIZATION FORM

To Purchasing: Attached please find W-9 form(s) for the following vendor(s)

Requestor Information:

Name _____

Department _____

Telephone _____ Email _____

Vendor Name(s) _____

Goods: Yes _____ No _____

Services: Yes _____ No _____

If Yes to services, will services be performed in RI? Yes _____ No _____

By signing, I attest that no Master Price Agreement exists for the requested goods or services.

CFO Signature

Date

CFO Printed Name