## **General Accounting and Reporting WVFIMS Vendor Request**

Route to: GARD, Bldg. 3, I	Room 426			Phone Number: 558-2861 Fax Number : 558-6370
Requestor:			Date Prepared:	
Address:				
Phone Number:			Fax Number:	
Please check one:	O Add Vendor	O Modify Vendor	O Problem (	requires comments)
	Business Designation:	Check One (see belo	w for descriptions	)
O Employee	(	Corporation		O Partnership
O Government Entity		Medical Corporation		○ Sole Proprietorship
C Estate/Trust	(	Attorney Corporation		🔿 Individual (client)
	(	Non-Profit		
Attach backup documentation for vendors (copy of purchasing document or invoice).				
WVFIMS vendor number (if applicable):				
Vendor Name:				
Address:				
Vendor Contact Name:				
Vendor Telephone Numb	oer:			
Vendor FEIN <i>or</i> Social Security Number:				

Comments:

## General Accounting Use Only

Completed by: \_\_\_\_\_

Date submitted to Department of Administration:

OFS-GARD-440 Rev 10-12-01

## **Descriptions of Business Designations**

*Employee:* A person employed by the state (full time or part time) who receives reimbursement for travel and business related expenses.

Governmental Entity: Federal, state, county or local government agency.

*Estate/Trust:* Estate/trust entity taxable as an estate or a trust.

**Non-profit:** Organizations engaged in educational, charitable, health research and other society-benefitting activities and is expempt from income taxation.

**Corporation:** A separate legal entity formed under the incorporation laws of individual states or the federal government.

*Medical Corporation:* Suppliers or providers of medical or health care services.

Attorney Corporation: For all vendors that are corporations and that provide legal services.

**Partnership:** An association of two or more people operating a business for profit.

Sole Proprietorship: An unincorporated business owned by one person.