General Accounting and Reporting

WVOASIS Vendor Request Form

PLEASE EMAIL ALL VENDOR REQUESTS TO DHHRFINANCEGAAR@wv.gov

WE WILL NO LONGER ACCEPT FAXED VENDOR REQUESTS.

Please Circle the Correct Department: 0501 0506 0511 0916
Date of Request:
Requestor Name/Facility: -DHHR BPH Central Finance
Address: 350 Capitol Street, Room 206 Charleston, WV 25301
Phone Number:
Check One: Add New Vendor Modify Existing Vendor Problem (explain in comments)
Business Designation Check One (See attached for descriptions)
Employee Corporation Partnership
Government Entity Medical Corporation Sole Proprietorship
Estate/Trust Attorney Corporation Individual (client)
Non-Profit Organization
WVOASIS Vendor Number (If available):
Vendor Name:
Vendor Address:
Vendor Email Address:
Vendor Contact Name:
Vendor Telephone Number:
Vendor SS# or FFIN:
Comments:
General Accounting Use Only
Completed By:
Date Sent to Department of Administration:

Descriptions of Business Designations

Employee: A person employed by the DHHR (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 exempt 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.