



# STATE OF RHODE ISLAND W-9 AUTHORIZATION FORM

To Supplier Coordinator: Attached please find W-9 form for the following vendor  
*(only one W-9 per authorization form allowed)*

***Requestor Information:***

Name \_\_\_\_\_

Department \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

***Vendor Information:***

Vendor Name \_\_\_\_\_

Vendor Point of Contact \_\_\_\_\_ Email \_\_\_\_\_

Goods:        Yes                                  No

Services:     Yes        \*                                  No

\*If Yes to services, will services be performed in RI?     Yes                  No  
*(if yes and required, please allow time for SOS registration)*

Is W-9 dated within one year of today's date?                  Yes                  No  
*(if no, please obtain updated W-9 before submitting)*

Is the vendor's signature original or digital?                  Original                  Digital  
*(if digital, please obtain original signature before submitting)*

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

\_\_\_\_\_  
CFO Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CFO Printed Name