

TOWN OF MILFORD

Vendor Request Form

Today's Date:

*(To be completed by **Town** or **School Departments** only)***NEW VENDOR**

EMPLOYEE REIMBURSEMENT

CHANGE OF INFORMATION

Name
Address
Tax ID # (TIN or EIN)**Your Dept. Name****Vendor Type**Nature of business or
service (Choose One)Briefly describe
your selection here

Legal Name

Business Name

*(If diff. than Legal Name)*** Be sure to include a remit address (usually a PO BOX) of payments are not sent to the same address as Purchase Orders. **Order
AddressRemit
Address

Apt/Suite/Unit

Apt/Suite/Unit

City

ST

Zip

City

ST

Zip

Phone

E-mail

Fax

Web

Additional
Notes

EIN

SSN

Town/School
Employee?

Yes

No

1099? **

Yes

No

**Any person(s) doing business with the Town of Milford as a sub-contractor or individual rendering a service >\$600 will be provided with a 1099 from the Treasurer's Office.

(i.e. Doctors, Attorneys, Instructors & some LLCs. This excludes Corporations.)

Requestor or Department Head Signature

Date received by Dept. for approval

Date approved by Dept.

Date sent to Treasurer's Office

TREASURER'S USE ONLY**Date Entered:** ____ / ____ / ____**Date Received:**

Town Treasurer | 52 Main Street | Milford, MA 01757

P: (508) 634-2300 | F: (508) 634-2324