



Vendor Setup Form

To establish or update your company information as a vendor for Lamar State College Port Arthur, Lamar State College Orange, and Lamar Institute of Technology (each a "Institution") the vendor must submit the following information before a purchase order or payment can be issued.

INSTRUCTIONS: Operationally, the Institution will make payments due to the vendor via direct deposit to your financial institutional account.

Complete and return the following **three REQUIRED forms**:

1.) **Vendor Setup Form**

2.) **IRS W-9 Form** located at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

3.) **State of Texas 74-176 Direct Deposit Authorization** located at <https://pfd.hhs.texas.gov/sites/rad/files/documents/mac/form-74-176.pdf>

If you cannot accept payment in the form of a direct deposit and must have a warrant or check, you are required to notify the Institution in writing of this limitation.

Vendors which are not a US entity, please contact the Institution for further instructions.

Return the three required forms to the appropriate Institution's email:

LSCPA: purchasing@lamarpa.edu

LSCO: purchasing@lsco.edu

LIT: purchasing@lit.edu

PURCHASE ORDER: LSCPA, LSCO, and LIT each require a purchase order for all purchases. Vendors should receive a purchase order before accepting an order and/or performing services.

Vendor will receive their purchase orders by way of the vendor's email address.

Rules established which govern procurement at each Institution are located at:

LSCPA: <https://www.lamarpa.edu/General/Business-Office/Purchasing>

LSCO: <https://www.lsco.edu/offices/finance-operations/index.php>

LIT: <https://lit.edu/purchasing>

INVOICE: Vendor to email invoices to LSCPA, LSCO, and LIT at the Institution's Accounts Payable office.

LSCPA: accountspayable@lamarpa.edu

LSCO: accounts.payable@lsco.edu

LIT: accountspayable@lit.edu

Section I – VENDOR INFORMATION

Company Name: _____

Employer Identification Number: _____

Owner’s Name if not Incorporated: _____

Sole Proprietors/Owner’s Social Security Number: _____

Partnership:

Partner 1 Name and Social Security Number/FEI: _____

Partner 2 Name and Social Security Number/FEI: _____

If you are a corporation, indicate which applies:

_____ Non-Texas Corporation

_____ Texas Corporation, (Charter Number REQUIRED): _____

Professional Association, Charter Number: _____

Limited Partnership File Number: _____

HUB Vendor:

Texas Certified HUB, Vendor Certification Number: _____

HUB Classification: _____

HUB vendors to submit their State of Texas HUB Certification to the Institution with this Vendor Setup Form.

Section II – PO and VENDOR REMITTANCE INFORMATION

Purchase Order Address: _____

Vendor Contact Name and Title: _____

Vendor Contact Phone: _____

Vendor Contact Email Address: _____

Remittance Address (on invoice): _____

Accounts Receivable Phone: _____

Accounts Receivable Email: _____

Section III – LSCPA LSCO LIT RELATIONSHIP TO VENDOR

TO BE COMPLETED BY VENDOR:

Is the vendor an employee of Lamar State College Port Arthur, Lamar State College Orange, or Lamar Institute of Technology, any Texas State University System Institution, a Texas State agency, or another university?

Yes _____ No _____

Does a Lamar Institute of Technology employee work for vendor?

Yes _____ No _____

Does a Lamar State College Port Arthur, Lamar State College Orange, or Lamar Institute of Technology employee or his or her family member own a five percent (5%) or greater interest in this vendor? A family member means a spouse, child (natural, foster, or step), in-law, sister, brother, mother, father, or grandparent.

Yes _____ No _____