CAS - VENDOR INFORMATION FORM

PCSO-F-ITS-SWG003

INFORMATION TECHNOLOGY SERVICES DEPARTMENT	
DATE : DEPARTMENT: DIVISION: REQUESTED BY:	_____ Time:_____ _____ _____ _____ Printed name and signature
TRANSACTION TYPE	New [ ] Update [ ]
VENDOR DETAILS *(* - required)*	*Vendor Name:_____ *Payee : _____ *Contact Person: _____ Position: _____ **Address* Apt. Unit: _____ Street: _____ Brgy./Village: _____ City: _____ Municipality: _____ Province: _____ Region: _____ Zipcode: _____ *Email: _____ Phone: _____ Fax: _____ *TIN No: [ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ] *Payment Terms: _____ *VAT [ ] Withholding Tax (WTAX) Code - % : _____ - ___% *NON-VAT [ ] Expanded Value Added Tax (EVAT) Code - %: _____ - ___% *AP Class Code: _____ *Default Expense Account: _____ (OF, CF or PF)
Checked By: *(ABD Personnel from Operating Fund AP, Charity Fund AP or Prize Fund AP Division)*	_____ Name and Signature _____ Date/Time
Service By: (ITSD Personnel)	_____ Name and Signature _____ Date/Time
Noted By: (ITSD – ODM)	_____ **RENE M. RELUCIO** OIC - Department Manager III _____ Date/Time