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**VENDOR REMIT ADDRESS FORM**

**Instructions**

Complete this form and submit with:

* Completed and signed W-9 Form
* Copy of first page of intent to award letter (or first page of contract)

**Return to ODOT**

**Fax:** 503-986-3907 (Attn: Table Maintenance)

**Mail:**

*ODOT Financial Services, MS 21*

*355 Capitol Street NE*

*Salem, OR 97301-3871*

|  |  |
| --- | --- |
| **DATE:** |  |
| **CONTRACT/PRICE AGREEMENT/PO NUMBER:** | |

Electronic payment of invoices is available. To enroll, fill out the ACH form linked below and then fax it to:

(503) 986-3907 Attn: Table Maintenance



|  |  |  |
| --- | --- | --- |
| **VENDOR NAME**:(AS REGISTERED WITH THE IRS): | | |
|  | | |
| **DBA NAME** (IF APPLICABLE): | | |
|  | | |
| **CONTACT NAME** (REGARDING INVOICES): | **PHONE:** |  |
|  |  |  |
| **REMIT ADDRESS** (WHERE YOU WANT PAYMENTS SENT) |  | |
| SAME AS W-9? YESIF NOT, PROVIDE REMIT ADDRESS BELOW.  ADDRESS LINE 1: |  |  |
| ADDRESS LINE 2: |  |  |
| CITY |  |  |
| STATE |  |  |
| ZIP: |  |  |