



VENDOR REQUIREMENTS

The Tulsa City-County Library is pleased to welcome your company as a new vendor. This form provides information regarding our **vendor requirements** and **payment processing information**.

All vendors must submit an IRS W-9 or equivalent form for your business and complete the attached Vendor Information Form.

The Tulsa City-County Library requires that all independent contractors who provide services or perform work onsite at any of our locations keep in full force and effect general liability insurance coverage in an amount not less than \$1,000,000 for each occurrence, and \$2,000,000 general aggregate. *(TCCL must be named as an additional insured on the Certificate of Insurance.)* Confirmation of this coverage must be provided in the form of a Certificate of Insurance. Additionally, we require verification of your current Worker's Compensation Coverage.

Food vendors and booths (operated by an organization) that sell products at events also require a Certificate of Insurance showing liability insurance coverage. Individual-owned booths are exempt from this requirement unless food products are being sold.

The Tulsa City-County Library will not process any payments for vendors without these required documents.

If your company offers early pay discounts, please contact the Finance Department for expedited payment arrangements.

All invoices and statements must be sent to the Finance Department to ensure payment is made in a timely manner. The contact information for the Finance Department is as follows:

Mailing address:

Tulsa City-County Library
Attn: Finance Department
400 Civic Center
Tulsa, OK 74103

Email: Finance.Department@tulsalibrary.org

Phone: 918-549-7376

Fax: 918-549-7379

Please note: Due to state policies that apply to the Tulsa City-County Library, we are unable to pay for any services or products before the service or product is received.



Vendor Information Form

W-9 must be completed and attached to complete this request.

Name of Vendor (Business Name or Individual as shown on W-9)			
Address:			
City, State, Zip:			
Telephone Number:		Fax Number:	
Description of products/services provided to the Library:			
Did you sign a contract or agreement with this vendor?		YES _____ NO _____ <i>If YES, a copy of the contract or agreement must accompany this form in order for the Vendor to be paid.</i>	
Are these services performed on Library property? (excludes speakers/performers)		YES _____ NO _____ <i>If YES, a current Certificate of Insurance and Worker's Comp verification must accompany this request.</i>	
Please check if any of the above indicates a change to previously submitted information.		Change to: <ul style="list-style-type: none"> ▪ Name of Vendor _____ ▪ Address _____ ▪ Telephone _____ ▪ Fax Number _____ 	

Vendor: Provide Accounts Payable Contact Information

AP Contact Person:		Email:	
Telephone Number:		Fax Number:	

Library Staff Contact Information

Please indicate employee you are working with on these products/services.

Library Staff Contact:		Dept/ Branch:	
Telephone:		Email:	

You may return this request by interoffice mail,
Fax 918-549-7379 or email:
Finance.Department@tulsalibrary.org

INTERNAL USE ONLY

Received by: _____ Date _____
 Updated by: _____ Date _____

Library staff please forward this form and all related documents to Finance.Department@tulsalibrary.org



ACH Authorization

I (we) hereby authorize the Tulsa City-County Library to initiate ACH entries for vendor payments to the COMPANY indicated below and associated financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Company)

(Financial Institution Name)

(Address)

(City/State)

(Zip)

(Routing Number)

(Account Number)

Please confirm all banking information given is correct. Tulsa City-County Library is not liable if incorrect information is given.

Type of Acct: Checking Savings

This authority is to remain in full force and effect until Tulsa City-County Library has received written notification of its termination.

(Company)

(Print Individual Name)

(Signature)