



## NON PUBLIC PAYMENT UNIT MASTER SUPPLIER FORM

Please complete the following form and submit via email to Kalani Edirisinghe ([Kalani.Edirisinghe@dc.gov](mailto:Kalani.Edirisinghe@dc.gov)) or fax using the Master Supplier Form Fax Cover Sheet to 202-727-2019. Please contact Kalani Edirisinghe, Senior Financial Manager of the Non Public Payment Unit, via telephone (202) 727-8281 or email (see above) with questions.

Vendor Name (as appears on W-9): \_\_\_\_\_

W9 Tax ID Number) \_\_\_\_\_ or Social Security Number \_\_\_\_\_

Phone Number (including area codes and extensions): \_\_\_\_\_

Remittance Address (P.O. Boxes are not accepted):

Attn: \_\_\_\_\_

Street: \_\_\_\_\_

Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

CBE (see [dslbd.dc.gov](http://dslbd.dc.gov) for more information): Yes  No  N/A

CBE Number: \_\_\_\_\_ (Choose matching items for **Supplier** and **Ownership** Types)

Contact Name (if different from above): \_\_\_\_\_

Contact E-Mail Address (if different from above): \_\_\_\_\_

Supplier/Vendor Type (select all that apply): \_\_\_\_\_ Ownership Type (select all that apply): \_\_\_\_\_

### Supplier/Vendor Type

1=DC Employee	4=Local Government	7=Other
2=Federal Agency	5=Vendor-Business	8=CBE
3=State Agency	6=Vendor=Individual	

### Ownership Type

A=State Corporation	I=Individual Recipient	R=Foreign
C=Professional Corp.	L=CBE	S=Sole Ownership
E=State Employee	M=Medical Corporation	T=Partnership
F=Financial Institution	O=Out of State Corporation	U=Non-Profit
G=Government Entity	P=Professional Association	