



Spokane County Head Start /ECEAP/EHS REQUEST FOR VOLUNTEER VENDOR NUMBER

Date:

To: Accounts Payable
MS 1006

Re: Request for Volunteer Vendor Number

Attached is a W-9 Request for Taxpayer Identification Number and Certification form for our HS/EHS/ECEAP volunteer. Please generate a volunteer vendor number and e-mail it to the staff person initiating the request listed below and Marla Nelson.

Volunteer name (*please print*) _____

Staff initiating request (*please print*) _____

Phone number _____

Site _____