



**City of Papillion - Finance Department**  
**VENDOR SELECTION AND APPROVAL**

Attn: Finance Dept.  
 122 East 3rd Street  
 Papillion, NE 68046  
 Phone: (402) 597-2024  
 Fax: (402) 827-6614

Vendor Application Form to be completed by Requesting City Employee

**APPLICANT INFORMATION:**

<b>BUSINESS NAME:</b>		
<b>BUSINESS STREET ADDRESS:</b>		<b>APT/ UNIT/ SUITE:</b>
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE</b>
<b>REMITTANCE ADDRESS</b>		<b>APT/ UNIT/ SUITE:</b>
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>CONTACT PERSON:</b>		<b>PHONE:</b>
<b>CONTACT PERSON E-MAIL ADDRESS:</b>		

1. Does any City of Papillion employee or elected official hold an office as principal, director, partner, or hold any remunerative position in this company?  
 NO     YES    \*If YES, Attach a list of names, positions and departments

2. Does the requesting employee have any conflict of interest as described in City of Papillion Personnel Manual Section 5-11 Conflict of Interest and Acceptance of Gifts?  
 NO     YES    \*If YES, a City/Vendor relationship cannot be established

3. Does the requesting employee have any family member, as defined by 3-11 Bereavement Leave as described in the City of Papillion Personnel Manual, which would result in a conflict of interest?  
 NO     YES    \*If YES, a City/Vendor relationship cannot be established

A company representative has confirmed that their company's employment practices do not discriminate because of age, race, creed, color, sex, national origin, or disability.  
 The undersigned certifies that the information contained herein is correct. I understand that misrepresentation may result in disciplinary action as per the City of Papillion's Personnel Manual and the removal of the vendor from the qualified vendor list.

Signature: \_\_\_\_\_ Job Title: \_\_\_\_\_ Date: \_\_\_\_\_

Department Director, I have reviewed the application and can also answer questions 2 and 3 above in the negative. I further understand that misrepresentation may result in disciplinary action as per the City of Papillion's Personnel Manual and the removal of the vendor from the qualified vendor list.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Review of Form W9 by Accounts Payable Clerk:	_____	Date: _____
Approved by City Administrator:	_____	Date: _____
Nebraska Form 13 sent to vendor	_____	Date: _____
Vendor entered into Accounts Payable system	_____	Date: _____
Vendor added to approved vendor listing	_____	Date: _____
Credit application, if applicable	_____	Date: _____

