



Master Supplier Form

Katie Moline, Lucas County Auditor
Attn: Disbursements
One Government Center, Suite 600
Toledo, OH 43604

Email: Disbursements@co.lucas.oh.us
Phone: 419-213-4406
Fax: 419-213-4888

Submitted by: _____ Department/Agency: _____

Lucas County Supplier # _____ Phone # _____ or Extension # _____

1. Is Supplier a medical/health care supplier or providing medical services? Yes No
2. Is Supplier an attorney providing legal services? Yes No
3. Is Supplier an individual/partnership/LLC? Individual Partnership LLC No
4. Is Supplier incorporated? Yes No
5. Is Supplier tax exempt? Yes No
6. Is Supplier an employee? Yes No
7. Is this a foster care payment? Yes No
8. Is this child support or garnishment? Yes No
9. Is this for reimbursement? Yes No
10. Is this for services? Yes No

Remit Address

Supplier Name: _____

Doing Business As (DBA) (If Applicable): _____

Street Address/PO Box: _____

City/State/Zip: _____

Contact Name: _____

Phone # _____ Fax # _____

Email Address: _____

Order Address

Supplier Name: _____

Doing Business As (DBA) (If Applicable): _____

Street Address/PO Box: _____

City/State/Zip: _____

Contact Name: _____

Phone # _____ Fax # _____

Email Address: _____

*****Must include a Form W-9 and OPERS Independent Contractor/Worker form when submitting*****