



CITY OF FLAGSTAFF

PER HB 2502, "OFFICER CRAIG TIGER ACT "



Traumatic Event Counseling for Public Safety Employees In compliance with A.R.S. § 38-672 & 38-673

City of Flagstaff First Responders seeking counseling under HB 2502 from a qualified provider of their choice will have counseling paid for, at rates set by the Industrial Commission of Arizona, directly by the City of Flagstaff. Please do not send invoices directly to City of Flagstaff First Responders utilizing services under this act.

If you are a provider who has provided qualifying counseling services under the Office Craig Tiger Act, please complete the following:

- City of Flagstaff Vendor Application with W9
- Accounts Payable Electronics Funds Form (Optional)

Please send completed documents and invoice(s) to:

City of Flagstaff
Attn: Human Resources Department
211 W Aspen Ave.
Flagstaff, AZ 86001
human.resources@flagstaffaz.gov

If you have any questions, please reach out to our Human Resources Department at 928-213-2090 Monday-Friday 8AM-4:30PM.



CITY OF FLAGSTAFF

Purchasing Division

Administrative Specialist

Adriana Crouch

Ph: (928) 213-2206

adriana.crouch@flagstaffaz.gov

INTERNAL DOCUMENT

Vendor Application

Please attach W-9 and ACH documents to this application upon submission.

| | |
|---|-----------------------------------|
| <u>Requester Department:</u> | |
| <u>Employee Name & Extension:</u> | |
| <u>Vendor Name:</u> | |
| <u>Vendor Contact Name & Title:</u> | |
| <u>Vendor Contact Phone Number:</u> | |
| <u>Vendor Primary Email Address:</u> | |
| <u>Vendor Address:</u> | <u>Vendor Remittance Address:</u> |
| Suite/Apt Number: | Suite/Apt Number: |
| City & State: | City & State: |
| ZIP: | ZIP: |
| ATTN: | ATTN: |
| <u>Vendor Remittance contact name:</u> | <u>Remittance Contact Number:</u> |
| <u>Vendor Social Security Number and/or Federal Tax ID:</u> | |



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If Applicable: Does the Vendor want ACH/Direct Deposit Payment Information? Please request and fill out the additional form attached to this file.

If Applicable: AZ Contractor License Number:

Type of Organization (check one)

Please note: If the vendor does not select the appropriate organizational type on the W-9, we cannot accept their W-9 due to IRS Guidelines. The information on this form is NOT a substitute for the information on the W-9.

| Corporation, incorporated under laws of the state | Partnership | Non-profit | Individual/Sole Proprietor | LLC | Exempt Payee |
|---|--|------------------|----------------------------|--|---|
| C Corp | | 501(C)(3) | | C Corp | |
| S Corp | | | | S Corp | |
| | | | | P Corp | |
| Other (Please describe) | | | | | |
| Type of vendor, please check all that apply and describe vendor purpose below: | | | | | |
| Retail Dealer | Service, Consultant, Professional Services, please describe below. | Wholesale Dealer | Manufacturer | Rental (Equipment, office space, retail, pasture ect.) | Other - Medical, health, or Attorney (describe legal or medical purposes below) |
| Please describe the type of Vendor, the type of service, item(s) or material(s) that is being purchased. Please describe below in as best detail as possible. | | | | | |
| | | | | | |



CITY OF FLAGSTAFF

I hereby certify that information supplied is herein correct:

Print Name:

Title:

Date:

Purchasing Dept Only

Date Received:

W-9 Received

Direct
Deposit Form
Received

Sent to AP

Name of Receiver:

Vendor Number Provided:



ACCOUNTS PAYABLE ELECTRONIC FUND TRANSFER FORM

City of Flagstaff now offers payment by Electronic Fund Transfer (EFT) through an Automated Clearing House (ACH). This allows the city to deposit payments directly into your account. We strongly encourage your firm to consider use of this service, as it will allow us to deliver your payments in the most efficient cost-effective manner. Please note special check pickups are no longer available. To enroll in EFT, please complete the following information:

| | |
|---|--|
| Vendor/Employee Name: | |
| Vendor Contact Phone Number: | |
| Vendor Email where remittance advice should be sent (only one): | |
| Bank Name: | |
| Bank Address: | |
| City, State, Zip | |
| Bank Telephone Number: | |
| Bank Contact Person: | |
| ABA Number(Routing #): | |
| Checking Account - <input type="checkbox"/> Savings Account - <input type="checkbox"/> | |
| Account Number: | |

Please submit a copy of a voided check or bank letter as additional documentation verifying account information.

Forms can be returned by e-mail, fax or mailed:

Patricia Loomis
Accounts Payable Specialist
(928) 213-2222 (Office)
(928) 213-2209 (Fax)
accountspayable@flagstaffaz.gov

City of Flagstaff
Attn: Finance-Accounts Payable
211 W Aspen Ave
Flagstaff, AZ 86001

We thank you in advance for your cooperation in this effort and should you have any questions please call.