



New Vendor



[Click here for Instructions](#)

*Vendor Name:

***Mailing Address**

Street:

City: State: Zip:

***Remittance Address** Same as Mailing Address

Street:

City: State: Zip:

*Phone:

*Email:

Fax:

***Does the vendor have any family, close personal relationships, and/or business associates that serve as Ohio History Connection Board, Staff, or Volunteers?**

The Following forms are attached:

Yes

No

Purchase Requisition

Invoice & Invoice Voucher

W-9

OPERS Form

If Yes, please list name(s) below:

*Submitted by:

Please print

Date:

** Indicates Required Information*



SEPT 6-15, 2024

Ohio Open Doors Basic Costs Stipend- Arts Related

Contact Name: _____

Phone: _____ Email: _____

Event Title: _____

As an Ohio Open Doors sponsor, we request the arts-related stipend authorized by the Ohio History Connection and supported by the Ohio Arts Council to help cover arts-related costs associated with holding our event. Qualifying arts-related components include costs related to adding live musicians, other performers, a storyteller or enhancing event related projects.

Stipend funds will be used to: _____

Amount: _____
Maximum \$250

Remit to: _____
Organization Name

Address

Address

City/State/Zip

By: _____
Signature:

Name/Title



