

REQUEST FOR VENDOR SET-UP

Email the completed form to purchasing@udmercy.edu. If there are updates to existing Vendor Information, enter the Vendor T# and CHANGE ONLY the information that needs to be updated					
Date:	Vendor Number	T#·	Employee Setup		
		Ιπ.	Refund/Reimbursment		
			1099 Vendor		
Dean/Director/Manager Signature		Campus	W-9 Received		
Department		Contact Name	Campus Phone		
		landar Information	·		
Vendor Information					
Tax ID or SS#	D&B #	CorporationIPartnershipISole ProprietorIOtherI	Vendor is supplying a servi Vendor is supplying a produce (W-9 form is needed for both	uct	
Vendor Name		Vendor Phone	Vendor	Vendor Fax	
Description of Product	or Services to be Provi	ded by Vendor			
Street Address		P.O. Box	Suite/Ro	Suite/Room#	
City		State	Zip Code		
Contact Name		Contact Email	Contact Phone		
Remit to Address (Same as Above)					
Street Address		P.O. Box	P.O. Box Suite/Room#		
City		State	Zip Code		
Contact Name		Contact Phone	Contact Fax		
Office Use Only					
Procurement Approval: Entered By:					
	Initials	Date Entered by:	Initials	Date	