

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		
			Refund/Reimb	oursment		
			1099 Ve	ndor		
Dean/Director/Manager Signature		npus	W-9 Rece	eived		
Department		tact Name	Iame Campus Phone		ne	
Vendor Information						
Vendor information						
	С			is supplying a service		
Tax ID or SS# D&B #		artnership		ndor is supplying a product \		
		Sole Proprietor		form is needed for both options)		
	O					
\/		Manada - Dhair		Vanda- F		
Vendor Name		Vendor Phone		Vendor Fax		
Description of Product or Services t	o be Provided by	Vendor				
Street Address		P.O. Box		Suite/Room#		
City		State		Zip Code		
Contact Name		Contact Email		Contact Phone		
Contact Name		Contact Email		Contact Phone		
Remit to Address (Same as Above ☐)						
	Comit to Address		1			
Street Address		P.O. Box		Suite/Room#		
City		State		Zip Code		
Oity		Olaic		21p 000		
Contact Name		Contact Phone		Contact Fax		
	Office	Use Only				
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Procurement Approval:		Entered By:				
Initials	Date		Initials		Date	