



VENDOR MAINTENANCE FORM

Please complete and mail via inter-campus mail
to the Business Office (Box #47) OR Fax to 706-667-4218

- | | |
|--|---|
| <input type="checkbox"/> ADD PURCHASING VENDOR | <input type="checkbox"/> UPDATE PURCHASING VENDOR |
| <input type="checkbox"/> ADD TRAVEL VENDOR | <input type="checkbox"/> UPDATE TRAVEL VENDOR |
| <input type="checkbox"/> ADD PER DIEM VENDOR | <input type="checkbox"/> UPDATE PER DIEM VENDOR |
| <input type="checkbox"/> ADD OTHER VENDOR | <input type="checkbox"/> UPDATE OTHER VENDOR |

Tax ID Number:

Social Security Number: _____ - _____ - _____

OR (but not both)

Federal Identification Number: _____

Company / Individual

Name: _____

Address: _____

Phone Number: _____ - _____ - _____

Fax Number: _____ - _____ - _____

Requesting Department: _____

Requestor: _____

Date: _____

It is the Requestor's responsibility to ensure the accuracy of information being provided.

Vendor Name: _____
Vendor Number: _____
BUS ____ / Date: _____

FOR OFFICE USE ONLY