



# VENDOR MAINTENANCE FORM

Please complete and mail via inter-campus to the Business Office  
Box #47 OR fax 706-737-1761

<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*

**FOR OFFICE USE ONLY**

Vendor Name: \_\_\_\_\_

Vendor Number: \_\_\_\_\_

BUS \_\_\_\_ / Date: \_\_\_\_\_