



VENDOR MAINTENANCE FORM

Please complete and mail via inter-campus to the Business Office
Box #47 OR fax 706-667-4643

<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: _____