

# ATU REQUEST FOR NEW VENDOR NO.

Date: \_\_\_\_\_

**BEFORE ENTERING YOUR REQUISITION**, provide all information available and fax this form to the Purchasing Department (968-0633). Purchasing will contact the vendor for their Tax Identification Number, Business Designation, etc., set up the vendor in the Banner System, note the assigned vendor number and return this form to the fax number listed below. If you have questions or need assistance, please call 968-0269.

From: \_\_\_\_\_  
 (Department Name) (Departmental Fax No.)

Name of Company or Sole Proprietor	
Db (Doing business as)	
Street Address	
PO Box	
City, State, Zip	
Telephone Number	
(IF UNKNOWN MARK N/A) Fax Number	
	If fax number is unavailable, forms will be mailed or emailed.
Web Site	
E-mail Address	
REASON FOR NEW VENDOR NUMBER	<p style="text-align: center;"><i>PLEASE CHECK ONE OF THE FOLLOWING</i></p> Place Order <input type="checkbox"/> Game Official <input type="checkbox"/> Stipend <input type="checkbox"/> Travel Reimbursement <input type="checkbox"/> Refund/Other Reimbursement <input type="checkbox"/>
IS THIS PERSON A TECH STUDENT?	Yes <input type="checkbox"/> No <input type="checkbox"/>
BUSINESS DESIGNATION  (IF KNOWN)	<p style="text-align: center;"><i>PLEASE CHECK ONE OF THE FOLLOWING</i></p> Foreign <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Medical <input type="checkbox"/> Non-Profit <input type="checkbox"/>

Requested By: \_\_\_\_\_  
 (Signature)

Approved By: \_\_\_\_\_  
 (Signature of Immediate Supervisor)

**FOR PURCHASING USE:**

<b>FEIN, TIN or SSN:</b>		<b>Date Entered</b>	
<b>Assigned Vendor No:</b>		<b>Initials</b>	