

ATU REQUEST FOR NEW VENDOR NO.

DATE:	
-------	--

BEFORE ENTERING YOUR REQUISITION, provide all information available and submit to Procurement Services either by fax 968-0633 or email to purchasing@atu.edu Procurement 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 by fax or email to the requesting department. If you have questions or need assistance, please call 968-0269.

Requestor's Telephone:		Fax:	
Email:			
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	<i>PLEASE CHECK ONE OF THE FOLLOWING</i>		
	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"/>	Invoice <input type="checkbox"/>
IS THIS PERSON A TECH STUDENT?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
BUSINESS DESIGNATION (IF KNOWN)	<i>PLEASE CHECK ONE OF THE FOLLOWING</i>		
	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:

FEIN, TIN or SSN:		Date Entered	
Assigned Vendor No:		Initials	