

**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	
Dba (Doing business as)	
Street Address	
PO Box	
City, State, Zip	
Telephone Number	Fax Number:
Web Site	
E-mail Address	
REASON FOR NEW VENDOR NUMBER	<p>PLEASE CHECK ONE OF THE FOLLOWING</p> <p>Place Order _____ Game Official _____ Stipend _____</p> <p>Travel Reimbursement _____ Refund/Other Reimbursement _____</p>
IS THIS PERSON A TECH STUDENT?	Yes _____ No _____
BUSINESS DESIGNATION  (IF KNOWN)	<p>PLEASE CHECK ONE OF THE FOLLOWING</p> <p>Foreign _____ Individual _____ Sole Proprietor _____</p> <p>LLC _____ Corporation _____ Partnership _____</p> <p>Medical _____ Non-Profit _____</p>

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

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

**FOR PURCHASING USE:**

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