

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 _____ Game Official _____ Stipend _____ Travel Reimbursement _____ Refund/Other Reimbursement _____
IS THIS PERSON A TECH STUDENT?	Yes _____ No _____
BUSINESS DESIGNATION (IF KNOWN)	<p style="text-align: center;"><i>PLEASE CHECK ONE OF THE FOLLOWING</i></p> Foreign _____ Individual _____ Sole Proprietor _____ LLC _____ Corporation _____ Partnership _____ Medical _____ Non-Profit _____

Requested By: _____
 (Signature)

Approved By: _____
 (Signature of Immediate Supervisor)

FOR PURCHASING USE:

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