

New Vendor/Address Form

1200 Comptroller's Office
Hovey Hall, Room 102
FAX # 438-8245

Instructions: Use this form if the payee (vendor) is NOT on the current vendor file OR if the vendor database doesn't have the address you need. To lookup a vendor, use ORGP or VEIN. First, complete the Department Section and indicate whether this is a new vendor or new address. Next, provide the Vendor's name and at least one of the following: Phone #, Fax #, and/or Address. A new address will be added if a copy of the vendor's invoice is faxed with this sheet. All other information you provide is optional but is helpful. You will be contacted by this office when the vendor has been built.

Fax completed forms to Jane Ward at 438-8245. If there are any questions, please call Jane at 438-5751.

Department Section

Requestor's Name: _____ Department: _____

Phone #: _____ Fax #: _____ Email: _____

New Vendor or New Address Section

Mark one of the following: New Vendor New Address ISU Employee

Business Name: (Required): _____

Other Name(s): (if different from above): _____

Business Address: _____ Business Phone (Required): _____

Business Fax (Required): _____

Purchase Order Address (it different from above): _____ Purchase Order Phone: _____

Purchase Order Fax: _____

Check Remittance Address (Required): _____ Remittance Phone: _____

Remittance Fax: _____

Classification (Check one box only - Leave blank if you don't know)

Corporation Partnership Individual (use SSN) Sole Proprietor (use SSN) Other _____

Social Security Number (SSN)

OR

Employer Identification Number (EIN)

- -

-

For Office Use Only - Do Not Write in this Box

ZIP + 4 Check

Vendor Created Date: _____

Initial State File Check

Address Created Date: _____

Second State File Check

Vendor/Address Checked

Correction/Change Date: _____