

University of Utah
Accounts Payable
Vendor Master
Add/Change Request

Send this form with attached documentation to:

Accounts Payable
Park 145
201 S Presidents Cir Rm 145
Salt Lake City, UT 84112-9003

Requestor and Phone #: _____

Vendor # _____ Processor: _____ 1099 1099 CODE: _____

TRANSACTION TYPE:

ADD

ADD ADDRESS

CHANGE / CORRECTION

PAYMENT ALT. NAME: _____

CHANGE VENDOR NAME TO: _____

HANDLING CODE:

DEFAULT SPECIFY: _____

PAYMENT TERMS:

DEFAULT SPECIFY: _____

SHORT NAME: _____

STD INDISTRY CODES (SIC CODES):

1. _____

2. _____

Order your documentation as follows:

1. This form (on top)
2. IRS Form W-9 (Required for new vendors and changes of taxpayer ID.)
3. Backup documentation from vendor (invoice, agreement, etc.)