

Vendor Add/Update Request

Requesting Dept: Dept Contact & uNID: Contact Email: Contact Phone:	Maintenance Requested: (Check « ^a j) <input type="checkbox"/> New Vendor Add <input type="checkbox"/> Vendor Change or Correction <input type="checkbox"/> Vendor Name Change
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Payment Ȳ / «[®]

Note: If payment is for refund or reimbursement, fill in Section IV only.

I. Payee Information

Name:
Business Name (if different from " Ȳ© ^j 'above):

II. Correspondence/Contact Information

Name:		
Email:	Phone:	
Address:		
City:	ST:	Zip:

III. Remittance Address Same As Ȳ 'Above

Address:		
City:	ST:	Zip:

IV. Refund / Reimbursement Payee Information

Full Name:		Date:		
UNID or SSN:	Employee	Student	Other	(Check one)
Address:				
City/ST/Zip:			Phone:	
Email:				

To have this payment issued as Direct Deposit, visit www.ap.admin.utah.edu for more information. Attach the Direct Deposit Authorization Form to this request.

This section is reserved for Accounts Payable use only

Vendor No.:	Name (if different from above):		
Additional ID No.:		Approved By:	

