UNIVERSITY *of* LOUISIANA LAFAYETTE®

Vendor Information Form

All new vendors and vendor name changes require a current W-9 to be submitted with form.

Add   **Change**   **(If Change) Vendor Number** _____

Instructions: To **ADD** a vendor, complete the name, address, and phone number. To **CHANGE** information, only complete the information that is to change.

Vendor Name: _____

Name Change: _____

Address: _____

               _____

               _____

               City _____

               State: _____ Zip (Postal) Code _____

               Nation/Country _____

Vendor Phone Number: _____

Vendor Email Address: _____

Vendor Contact Name: _____

Request Address to be Inactivated *(Must provide reason for request to inactivate.)*

Reason for Inactivation: Invoice   Vendor Request   Quote   Returned Mail

Address to be Inactivated: _____

                       _____

                       City _____

                       State: _____ Zip (Postal) Code _____

                       Nation/Country _____

For Administrative Services Use Only

Address Type: VM   RE

1099 Vendor Type: Non-Employee Compensation   Other (Stipend)

Invoice Grouping (Will Default to "Many Invoices Per Check"). Change to One Invoice Per Check:

Requested By: _____ Date: _____ Phone: _____