

VENDOR SETUP REQUEST

Directions: Complete the form, attach a completed W-9, and submit to Purchasing and the AE Business Office for processing.

Department:

- ☐ 1 - SSC
☐ 2 - CTS
☐ 3 - HSB
☐ 4 - DBS
☐ 5 - ACNW
☐ 6 - PARKING
☐ 7 - HOUSING
☐ 8 - CAFE
☐ 10- ADMIN
☐ 11- DENTAL CAFE

Vendor: _____

Tax ID #: _____ - _____

☐ W-9 attached - **REQUIRED. CANNOT BE PROCESSED WITHOUT THIS.**

ORDERING INFORMATION

Address 1:	_____
Address 2:	_____
Address 3:	_____
City:	_____
State:	_____
Zip Code:	_____
Phone #:	_____
Fax #:	_____

REMIT INFORMATION

Address 1:	_____
Address 2:	_____
Address 3:	_____
City:	_____
State:	_____
Zip Code:	_____
Email:	_____

Requested By: _____
Date: _____

Vendor #: _____
Setup by: _____
Date: _____

Email completed form and W-9 to: acraig@lsuhsc.edu AND aebusoff@lsuhsc.edu.