

# NEW VENDOR REQUEST FORM

To: Materials Management

From:

Please provide our department with all the following information about this new vendor. Failure to complete all information on this form will be sent back to the Dean's Office. (Print all information below)

**Vendor Name:**

**Vendor Address #1: (Where do you send the Purchase Order?)**

**Vendor Address #2: (Payment remit to address)**

**Contact Person:**

**Email Address:**

**Phone Number: (Include area code for off island vendor)**

**Fax Number: (Include area code for off island vendor)**

☐ Approved

☐ Disapproved (Reason)