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|  | | | | | | | | | | | | | | | | | **Vendor Maintenance Request** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *\*Denotes a required field.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Requested By: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | \*Approval Signature: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| \*Business Unit: | | | | | | | | | | |  | | | | | | | | \*Phone: | | | | | | | | | |  | | | | | | | \*Approval Name: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| \*Email: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \*Approval Date: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| **\*Action Requested** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Add New Vendor | | | | | | | | | | | | | | | | |  | | | | | Update Existing Vendor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Expedite | | | | | |
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| **Identifying Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Vendor ID: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | *\*Required when updating an existing vendor.* | | | | | | | | | | | | | | | | Corporate Vendor: | | | | | | | | | | | | |  | | Yes | | | |  | No |
| \*Vendor Name 1: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vendor Name 2: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vendor Short Name: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Corporate Vendor ID: | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| Vendor Status – INACTIVE: | | | | | | | | | | | | | | | | | | |  | | | *\*Required when updating an existing vendor to inactive.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Classification: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \*Persistence: | | | | | | | | | | |  | | One Time | | | | | |
|  | Board Member | | | | | | | | | | | | | | | | |  | Non-Vendor Payee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Regular | | | | | |
|  | Federal Government | | | | | | | | | | | | | | | | |  | State Government | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Foreign Entity | | | | | | | | | | | | | | | | |  | Supplier | | | | | | | | | | | | | | | | | | | | | | | | | | | \*W-9 Required: | | | | | | | | | | |  | | Yes | | | |  | No |
|  | Local Government | | | | | | | | | | | | | | | | |  | HCM – choose one of the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | \*W-9 Attached: | | | | | | | | | | |  | | Yes | | | |  | No |
|  |  | | | | | | | | | | | | | | | | |  |  | | | |  | | Garnishment Payee | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |  | | | |  |  |
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|  |  | | | | | | | | | | | | | | | | |  |  | | | |  | | General Provider | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |  | | | |  |  |
| \*ID Type and Number *(select one)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \*Type of Contractor *(select one)*: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ATN: | | | |  | | | | | | | | | | | | | | |  | | | |  | | OTH: | | | | |  | | | | | | |  |  | | | Corporation | | | | | | | |  | | | | Partnership | | | | | | | | | | |
|  | EIN: | | | |  | | | | | | | | | | | | | | |  | | | |  | | SSN: | | | | |  | | | | | | |  |  | | | Estate | | | | | | | |  | | | | Proprietorship | | | | | | | | | | |
|  | ITN: | | | |  | | | | | | | | | | | | | | |  | | | |  | | W8: | | | | |  | | | | | | |  |  | | | Government | | | | | | | |  | | | | Reportable Corporation | | | | | | | | | | |
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| \*Comments: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Address ID: | | | | | | | |  | | | | | | | | | | | | | *\*Required when updating an existing vendor.* | | | | | | | | | | | | | | | | | | | | Effective Date: | | | | | | | | | | |  | | | | | | | | | | | | |
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| Description: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \*Effective Status: | | | | | | | | | | | | X | | Active | | | | | |  | Inactive | | |
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| Address Type: | | | | | | | | | |  | | | | Main (default) | | |  | | | | | | | | | | | | | Remitting | | | |  | Invoicing | | | | |  | | | Shipping | | | | |  | Ordering | | | | | | | | |  | | | Withholding | | | |
| Country: | | | | | | | USA | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Address Line 1: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | \*City: | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | County: | | | | | | |  | | | | | | | | | | | | | | | *(UEI Number)* | | | | |
| eVA VLIN: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \*State: | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| \*Postal: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Email ID: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Phone Information: | | | | | | | | | | | | | | | |  | | | Business #: | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Payment Alternative Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Withholding Alternate Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name 1: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Name 1: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name 2: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Name 2: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Address ID: | | | | | | | | |  | | | | | | | | | | | | | | *\*Required when updating an existing vendor.* | | | | | | | | | | | | | | | | | | | | | | | Effective Date: | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| Description: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \*Effective Status: | | | | | | | | | | | | X | | Active | | | | | |  | | Inactive | | | |
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| Address Type: | | | | | | | | | | |  | | | Main (default) | | | | | | | | | | |  | | | Remitting | | | | | | | |  | | Invoicing | | | | | |  | | | | Shipping | | | | | |  | Ordering | | | | | | | |  | | | Withholding | | | | | |
| Country: | | | | | | USA | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Address Line 1: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \*City: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | County: | | | | | | |  | | | | | | | | | | | | | | | *(UEI Number)* | | | | | | | |
| eVA VLIN: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \*State: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| \*Postal: |  | | | | | | | | | | | | | | | | | | | | | | | | | Email ID: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Phone Information: | | | | | | | | | | | | | | | |  | | | Business #: | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Payment Alternative Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Withholding Alternate Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name 1: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Name 1: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name 2: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Name 2: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Contact** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Contact ID: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | *(Sequence #)* | | | | | | | | | | | | | | | Effective Date: | | | | | | | | | |  | | | | | | | | | | | | | | |
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| Description: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \*Effective Status: | | | | | | | | | | | | X | | Active | | | | | |  | | Inactive | | |
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| Type: | | |  | | | | | AP | | | | | | | | | |  | | Billing | | | |  | | | General | | | | | | | |  | | Sales | | | | |  | Service | | | | | | | | |  | Warehousing/Shipping | | | | | | | | | | | | | | | | | | |
| Contact Name: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Contact Title: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address ID: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *(Sequence #)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Internet Address: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email ID: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Phone Type *(select one)*: | | | | | | | | | | | | | | | | | | | | |  | Business | | | | | | | |  | Cellular | | | | | | | | |  | FAX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Prefix: | | | | | | | | | |  | | | | | | | | | | | | Telephone: | | | | | | | |  | | | | | | | | | | | Extension: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **Location** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \*Location: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | *EX: Main, \*Required when updating an existing vendor.* | | | | | | | | | | | | | | | | | | | | | | | | | | | Default: | | | | | |  | | | Yes | | | | |  | No |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Effective Date: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \*Effective Status: | | | | | | | | | | | | X | | Active | | | | | |  | | Inactive | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payable Options - Invoicing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Payable Options – Remitting *(\*Required when updating an existing vendor)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vendor ID: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Vendor ID: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address ID: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Address ID: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Location ID: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- |
| **Location: Payables Option – Defaults (HCM Classification Only)** | | | |
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| \*Payment Control: | Separate Payment (Garnishment Only) | \*Pay Method Options: | Default from Higher Level |
|  | | | |
| \*Handling Options: | Specify at This Level | \*Handling: | PY |
|  | | | |
|  | | | |
| **Location: Procurement Option – Defaults (HCM Classification Only)** | | | |
|  | | | |
| \*Payment Terms Option: | Specify | \*Payment Terms ID: | 00 |
| \*Payment Terms Basis Date Type:  “Invoice Date” |  |  | |
|  | | | |
| HCM Comments:  If applicable please indicate any additional payment information that is needed. |  | | |