

Vendor Maintenance Form

PM002 - Vendor Maintenance

Submit to Travel Office for review, or if vendor is not a traveler send to Accounts Payable Office

DUNS NO

TIN/SSN

Circle one
N/A for Federal and Foreign Vendors(9-digits, no special characters)

Vendor Information

Name:

City

Address:

State Zip Code:

Country:

Email Address

Phone No

Optional Field
Fax No

Payment Method: EFT

Bank Routing No

Bank Account No:

(Required for EFT payment methods)

(Required for EFT payment methods)

Account Type: CHECKING SAVINGS

Requested by:

Date:

AP / Travel Use Only

Vendor: New Update CFS Vendor No Vendor ID

Comments:

Vendor Type: (Check One) ASAP COMM EMP STATE INV GSTWKR

FED If Federal, enter Agency Location Code (ALC)

Entity Type: (Check One) CORP EMP GSTWKR INDIV EMPLPY(NFC) GOVT

ROYAL TRAVEL

1099 (Y/N) Prompt Payment Act (Y/N) Terms - Net 1042 (Y/ N)

Required if 1042 = Y

Income Code Exemption Code Recipient Type

Approved by: Date:

Data Control Use Only

CFS Vendor No Vendor ID

Completed by: Date: