

# **ADD A VENDOR FOR A DISBURSEMENT REQUEST**

(ALL THE INFORMATION BELOW IS REQUIRED TO ADD A VENDOR)

**FEDERAL I.D. #** \_\_\_\_\_  
(or Social Security Number)

NAME: \_\_\_\_\_

PAY TO ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_ ( \_\_\_\_\_ )

FAX NUMBER \_\_\_\_\_ ( \_\_\_\_\_ )

VENDOR TYPE: \_\_\_\_\_ **E** External (Tax I.D.)  
**I** Individual (SS#)

## **FAX REQUEST TO (954) 201-7500**

REQUESTING DEPARTMENT: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_