

Attention Vendor: Please submit the following documents:

Complete Vendor Verification Form (below)
 Valid Federal Tax Identification Number/Certificate (W-9) within 24 hrs. to:

Purchasing at (812) 488-2746

Accounting & Audit at (812) 488-2320

VENDOR VERIFICATION FORM

Section A: Order	Placement
Vendor Name:	
Division:	
Order Address:	City State Zip
Order Phone:	Fax:
Order Web Address	:
Sales Contact Name	e: Phone:
Sales Contact Emai	l: Fax:
Section B: Payme	ent
Payee Name:	
Payee Address:	Same as Order Placement Vendor Name above
	City State Zip Same as Order Address above
Payment Terms:	
FOB (Shipping Terms):	Destination Shipping Point
Federal Tax Identific	cation #: (Provide copy of W-9 certificate)
Dun & Bradstreet #:	
Do you accept Mas	sterCard Credit Card payments? Yes No
Do you accept Direct Deposit payments?	
Check attributes that	t apply (<i>Please provide copies of each certification</i> .):
Small Busines	ss Woman Owned Minority Owned Disabled Veteran
Green Owned	LGBT Owned Disabled Owned Veteran Owned

For additional UE Supplier Diversity information contact UE Diversity & Equity Officer at 812-488-2413, email at <u>lw161@evansville.edu</u> or visit <u>http://www.evansville.edu/offices/diversity</u>.