

Disbursement Services One Waterfront Place 7th Floor PO Box 1650 Morgantown, WV 26507-1650 (304) 284-4000

Submission Date	New Vendor Information Form					
	ster vendor file. A				r for a vendor to be added to the yee Assignment Number to be	
Vendor Name: Name listed must be the name on file with the IRS						
Vendor Address: Remittance address must be used for businesses and home address must be used for individuals	Address Line 1					
	Address Line 2					
	City			State	Zip code	
Is Vendor a WVU E	mployee? 🔲 ነ	′es ☐ No	WVU Employee Assign If vendor is a WVU Employee the WVU Assignment Number must be provided	Employee ———		
Vendor FEIN/SSI Number must match what file with the IRS	N:	ase complete this section		rovided is a:	FEIN SSN	
Type of Entity:	Individual	Sole Proprietorsh	ip Partnership	Corpora	ation	
	Name of Owne	r (Sole Proprietorship Only) —				
Requested By:			Depa	rtment:		
Department Addre	ess:	Phone Number:				
Business Office Rep	oresentative Appro	val: Name (Printed)				
		Signature & Date				
FOUNDATION USE ONLY						
1099 Vendor?	Yes No	Vendor No.			Approval	