

DATE: \_\_\_\_\_

**PURCHASING USE ONLY**

**REQUEST TO CREATE A NEW VENDOR NO. FOR  
NON BUSINESS OWNERS ONLY**

Purchasing Review		
Notes (Date/Comment)		
Notes (Date/Comment)		
Purchasing Approval		

**REQUEST FOR VENDOR REFUNDS ONLY. THIS APPLIES TO BOTH INDIVIDUALS AND BUSINESSES .**

**BEFORE ENTERING YOUR REQUISITION**, provide information and email ([purchasing@uca.edu](mailto:purchasing@uca.edu)) this form along with a completed W-7, W-8, or W-9 (whichever applies) to the Purchasing Department. Please be aware that vendors cannot be created without a completed W-7, W-8, or W-9 application. If one is not returned, ***the order - lead time will increase***. If you have any questions or need assistance, please call 450-3173.

From: \_\_\_\_\_

(Department Name) (Department Fax No.) (Department Email)

ACTION REQUESTED:                      New Non Business Owner Vendor (attach W9)                      Refund (DO NOT attach W9)

Name		Vendor ID: (Purchasing Use Only)
Street Address		
PO Box		
City, State, Zip		
Telephone Number		
Fax Number & Email		
Last 4 Digits of SSN (Ind Refund Only)		
9 Digit Fin (Bus/Org Refund Only)		

**Business Classification** (SELECT ALL THAT APPLY)

- American Indian (AI)
- Black American (BL)
- Pacific Islander (PA)
- Women Owned (WO)
- Asian (AS)
- Hispanic American (HS)
- Veteran Owned (VA)

Requested By: \_\_\_\_\_  
(Signature)

Approved By: \_\_\_\_\_  
(Signature of Immediate Supervisor)