

Northwestern University

Vendor Code Request Form for INDIVIDUALS

Use this form to ADD or UPDATE information for U.S. non-employees to be paid through Accounts Payable in the financial system. First determine if the individual should be processed through Payroll instead; see below. Confirm that a vendor code does not already exist and/or verify the accuracy of data already entered. Errors in the vendor database may result in financial liability to the payee and the department requesting payment. This form must be **completely** filled in and legible, and must include the correct SSN or TIN. If completed correctly, entry into the system will be up to two (2) working days. Fax or mail this form to POPS. The following guidelines are important:

- This form must be completed and signed by each U.S. citizen/U.S. resident requesting payment, including students, except employees
- Requests to add employees may be submitted in writing via E-mail or fax, including the information shown below.
- Payments to NON-RESIDENT ALIENS must be processed through Payroll. Vendor codes will not be established.
- Except for reimbursements for business expenses, ALL EMPLOYEES providing services in addition to their regular job responsibilities MUST be processed through Payroll. *Contact Payroll at 1-7362 for more information.*
- Codes for companies (FEIN) should be requested via e-mail or fax to POPS; or using the 'Vendor Code Request Form for Companies' which enables multiple vendor code requests per page: <http://nuinfo.nwu.edu/finsys/policydoc/venmenu.htm>

For additional information see the Financial Systems website at <http://www.nwu.edu/finsys/policydoc/plcymenu.htm> or contact POPS.

1. Identification number, name, and address. (REQUIRED INFORMATION)

Social Security Number (SSN) or Taxpayer Identification Number (TIN) = _____ - _____ - _____

Name= _____

- list the last name first and then as much of the first name that fits

Address= _____

City= _____ State= ____ Zip= _____ - _____

Telephone Area Code= _____ Number= _____ - _____ Extension= _____

Fax Area Code= _____ Number= _____ - _____

2. Signature and Payment Information (REQUIRED INFORMATION)

"I attest that I am a U.S. citizen or U.S. resident."

Signature _____

The signature of the individual to be added to the vendor database is required.

Purpose of payment= ____ Consulting/Speaker Fee/Service ____ Honorarium ____ Reimbursement ____ Other

Description _____

3. Responsible Department Information. (REQUIRED INFORMATION)

Name= _____ Department= _____

Date= _____ Phone= _____ Fax= _____

For POPS use only. HRIS review ____ Date processed= ____ / ____ / ____ Initials= _____ **Rev 5/99**