



Form Use: Internal form used for requesting an update to an existing vendor or the addition of a new vendor. Once completed, this form should be forwarded to the address below for processing.

Date:

Vendor Name:

Current Vendor ID:

Change Required: Add Update

Reason For Change:

<input type="checkbox"/> Add New Vendor	<input type="checkbox"/> Change Legal Address
<input type="checkbox"/> Change Tax Reporting Status	<input type="checkbox"/> Add Additional Remittance Address
<input type="checkbox"/> Change Remittance Address	<input type="checkbox"/> Change FEI / SSN / TIN
<input type="checkbox"/> Change Legal Name	<input type="checkbox"/> Other (Please specify)

Attachments: Vendor Notification
 W9 or MW9

* A W9 or MW9 MUST be submitted for all NEW Vendors

Requestor's Name:

Email Address: Phone Extension:

Department:

Please Forward To:

University of Mass.
Angela Kapinos
Controller's Office
405 Goodell Building
Amherst, MA 01003

Phone: 413-545-4710
Fax: 413-545-4233

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