



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:	Add New Vendor	Change Legal Address
	Change Tax Reporting Status	Add Additional Remittance Address
	Change Remittance Address	Change EIN / SSN / TIN
	Change Legal Name	Other (Please specify)

Attachments: Vendor Notification
 W-9 or UMW-9

* A W-9 or UMW-9 MUST be submitted for all NEW Vendors and Legal Address/Name/TIN changes

Requestor's Name:

Email Address: Phone Extension:

Department:

Please Forward To:

University of Mass.
Vendor Team
Controller's Office
Accounts Payable Rm 319
100 Venture Way
Hadley, MA 01035

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

vendors@admin.umass.edu