Student Name: _________________________________________

Campus/College/Department: _________________________________________

Phone #: _________________________________________

Email: _________________________________________

UH System person to be notified when vendor setup is complete (Required**) : _________________________________________

** Vendors will NOT be set up in the UHS Vendor System without this information.

Complete and fax this coversheet, a W-9 form, and a Direct Deposit Authorization form to Vendor ID (Fax # 713-743-0521).

If the vendor setup forms are faxed from the UH System business office, the following verification/approval is required by the College/Division Administrator or the College/Division Business Office Administrator:

- The student identified on this coversheet completed and submitted the vendor setup forms.
- The UH System business office’s fax machine was used to fax the vendor setup forms.

Verified and approved by ________________________ (Printed Name)

______________________________ (Signature)

______________________________ (Date)