

Vendor Authorization/Change Form

This form to be completed by University Employees Only

Use this form for U of MN vendors that do not qualify as single payment vendors. A vendor signed W-9/W-8 BEN, vendor name, tax ID, type of business, type of purchase/payment, PO address, and requestor information are required for all new vendor set-ups.

New

Change

Vendor #:

Date:

Vendor Name:	DUNS #:
Name used by IRS (if different from above)	Federal Tax ID #: (Required) <input type="checkbox"/> TIN/EIN <input type="checkbox"/> SSN <input type="checkbox"/> ITIN <input type="checkbox"/> No SSN/TIN

B Section A - W-9 required

T u Corporation Government Entity Individual/Sole Proprietor (US Citizen)

p i Partnership Exempt from backup withholding Employee ****For these three types of businesses you must fill out an Independent Contractor Authorization Form (UM 1650).**

e n Limited Liability Company Non Profit/501(c) Entity Student

o s Section B - W-8 BEN required

f s Foreign Nonresident Individual US Agent of Foreign Person/Entity Foreign Entity (other than individual)

Type of Purchase/Payment

Goods Auditor Performer Consultant Provider of Medical Services

Services Attorney Speaker/Lecturer Royalty

Description of Services/Reason for Payment (required):

Indicate where Services were provided: **City** **State**

Purchase Order Remit to address same as PO address Send 1099 to this address

Primary Name
(if different from above)

Address

City **State** **Zip**

Foreign Province **Country**

Contact Name **E-mail**

Phone **Fax**

PO Dispatch (U of MN prefers e-mail) **E-mail** **Fax**

Remit To Send 1099 to this address

Name
(if different from above)

Address

City **State** **Zip**

Foreign Province **Country**

Contact Name **E-mail**

Phone **Fax**

University Contact (required) - Email notification of vendor set up will be sent to this contact

Name **Phone**

Department **Fax**

E-mail to notify completed vendor set-up