

Addition – New Vendor

Please Print

This vendor address is the
 (please check one of the following):
A. Requisition Address – for Purchase Orders
B. Remittance Address - for Payments

Required Fields

Requestor's Name

Carolyn L. Eloby

Requestor's Phone Number

6-8610

Fax

6-1491

Requestor's E-mail

eloby@uic.edu

Campus

UIC

UIS

UIUC

Vendor Name

1st Address

2nd Address

3rd Address

City

State

Zip

Phone

Fax

FEIN/TIN

Vendor Type Code: Legal Status: (Select only one)

Select only one	Legal Status (not required for foreign vendors)
	TC Corporation
	TE Tax Exempt Organization
	TG Government Entity
X	TI Individual (sole proprietorship)
	TL Limited Liability Corporation
	TM Medical Health Care Services Provider Corporation
	TN Not-for-Profit Corporation
	TP Partnership
	TR Real Estate Agent
	TT Trust or Estate

Please complete this form and submit it to the appropriate Division.

A. Chicago Requisitions

Purchasing Division
 308 Marshfield Bldg.
 809 S. Marshfield
 Chicago, IL 60612-7203
 MC 560
 FAX: 312-996-3135

B. Remittances

University Payables
 177 Henry Admin. Bldg.
 506 S. Wright Street
 Urbana, IL 61801
 MC 345
 FAX: 217-265-8160

Vendor ID#