



## Vendor Information Sheet

Note: All BOLD fields are required

System: \_\_\_\_\_ CC 02                      \_\_\_\_\_ CC 10

Federal Id # (SS or UIN for people) \_\_\_\_\_

Vendor Name \_\_\_\_\_

Remittance Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Funds to be used                      \_\_\_\_\_ Local                      \_\_\_\_\_ State

Note:

Prepared by:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Department: \_\_\_\_\_

E-mail address: \_\_\_\_\_

When completed FAX to: Accounts Payable (979) 458-4191 or Mail to: FMO-AP Mail Stop 6000