

University of Houston System

Vendor Setup Coversheet – U.S. Individual (Including Residential Alien Individual)

Name: _____

Phone #: _____

Email: _____

Vendor Classification (select one):

- UHS Employee (circle one: UH UHCL UHD UHSA UHV Other _____)
(EmplID: _____)
- Other State of Texas Employee (Agency Number _____)
- UHS Board of Regents
- UHS Student** (circle one: **UH** UHCL UHD UHSA UHV Other _____)
- UHS Student and also Employee (circle one: UH UHCL UHD UHSA UHV Other _____)
- Prospective Employee
- UH Optometry One-time Refund Recipient** (UH Optometry only)
(Must be approved by a UH Optometry Certifying Signatory)

Name (print) Signature Date

- Other (explain: _____)

UH System person to notify when vendor setup is complete (optional): _____
Email Address

Complete and fax this coversheet, a W-9 form, and a Direct Deposit Authorization form to Vendor ID (Fax # 713-743-0521). A Direct Deposit Authorization form is not required for UHS employees, since UHS employees should complete the direct deposit information via P.A.S.S.

**For Optometry one-time refunds, this coversheet should be completed and forwarded to Vendor ID. Please provide the one-time refund vendor's address here:

Address City State ZIP