

BANNER Finance Vendor Registration Request Form

This form must be completed by department (not the vendor).

Complete Section 1 and provide as much vendor information in Section 2 as possible.

*Designates required field

Section 1: Departmental Information (contact information for notification, follow-up or questions)							
*Date of Request:							
*Department:	<u> </u>						
*Departmental Co	ntact:						
		Name		Р	hone	& Email	
Date Registration needed:							
Section 2: Initial	Set Up Information (ven	dor does not currently exist in B	anner	· Vendor I	File)		
*Select one:							
MU	Initial set up is for payment from State funds by Marshall University						
MURC	C Initial set up is for payment from Marshall University Research Corps Funds						
Select one (if applicable): Vendor is an individual who is a full-time employee of Marshall University (receives a state payroll check)							
vendor is an individual who is a full-time employee of Marshall Oniversity (receives a state payron check)							
Vendor is an individual who is a full-time employee of other State agency (not MU)							
Vendor is Non-resident Alien (STOP! Contact Accounts Payable @ 696-2237 for important instructions)							
*Vendor Name:							
*Vendor Contact (if vendor is company):							
*Vendor Contact Number (fax/phone/email):							
*Has a W-9 form been requested from the vendor? Yes No							
Vendor FEIN/SSN (if available):							
Purchase (PO) Address (if available):							
	,,						
Payment Address (if available):							
Section 3: Change in Vendor Information (see below for required documents)							
New Name/EEIN:	Vendor must submit a p	aw W-9 form directly to Account	e Pour	ahla Offic		n mail or fax)	
	Vendor must submit a new W-9 form directly to Accounts Payable Office (via mail or fax).						
	Employees must submit HR change of name/address form through Payroll (incl. copy of Soc. Sec. card)						
New Address:	A copy of a vendor's invoice or new W-9 form will be accepted						
	Employees must submit	HR change of name/address for	orm to	Payroll O	ffice.		

**NOTE: Request cannot be processed until completed W-9/W8 is received from the vendor. Contact name will be notified when registration is complete Questions? Call (304) 696-2237

Forward to Accounts Payable Office via: Fax (304) 696-3289