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 Hilton or UH Optometry One-time Refund Recipient\*\* (UH Hilton or UH Optometry only)

(Must be approved by a UH Hilton or 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 UH Hilton or UH Optometry one-time refunds, this coversheet should be completed and forwarded to Vendor ID. Please provide the one-time refund vendor’s address here:

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Address City State ZIP