



XAVIER UNIVERSITY OF LOUISIANA
 One Drexel Drive
 New Orleans, Louisiana 70125

VENDOR REQUEST FORM

NEW VENDOR Requestor: _____

CHANGES TO A CURRENT VENDOR Phone Number: _____

Fax Number: _____

Banner Vendor ID _____

COMPANY

Company Name: _____

Contact Person: _____

Phone Number: _____ Ext. _____

Fax Number: _____

Tax ID Number: _____

Purchase Order Address:	Payment Address
_____	_____
_____	_____
_____	_____

INDIVIDUAL

Last Name: _____

First Name: _____

Middle Name: _____

Phone Number: _____ Ext. _____

Remittance Address: _____

Select the Appropriate Box:

If Company or Individual is either providing services or receiving a prize, award, honorarium, rental payments, or medical and health care payments. Attach W-9 Form. _____

If individual is receiving a non-employee expense reimbursement, a W-9 Form is not required. _____

TO BE COMPLETED BY XAVIER UNIVERSITY PROCUREMENT DEPARTMENT			
<input type="checkbox"/> W-9	<input type="checkbox"/> Suspension and Debarment Form, if applicable	<input type="checkbox"/> Sole Source Form	<input type="checkbox"/> Contract
System Updated by: _____		Date: _____	
Notified requestor of the update on: _____			
Notified via: <input type="checkbox"/> phone <input type="checkbox"/> fax <input type="checkbox"/> e-mail <input type="checkbox"/> campus mail			

Please submit form to:
Procurement Department ATTN: Donzella Barthelemy
Campus mail: P. O. Box 121
Fax: (504) 520-7586
E-mail: dbarthel@xula.edu