

New Vendor/Address Form

Vendor Instructions: Please complete the new vendor section of this form. Return this form directly to:

Mail: Business Office OR Fax: (309) 438-8245
Illinois State University
1200 Campus Box 1200
Normal, IL 61790-1200

For questions just about this form please contact Lauri Joynt at (309) 438-5751.

Department Section

Requestor's Name: _____ Department: _____

Phone #: _____ FAX #: _____ Email: _____

Vendor Section

Mark one of the following: New Vendor New Address ISU Employee

Reason for payment: _____

Name – Business or Personal (required): _____

Other Name(s): (if different from above): _____

Address: _____ Business Phone (Required): _____

Business FAX (Required): _____

Email address: _____

Business Address (if different from above): _____ Alternate Phone: _____

Alternate FAX: _____

Check Remittance Address (Required): _____ Remittance Phone: _____

Remittance FAX: _____

For Office Use Only – Do Not Write in this Box

Zip + 4 Check
 Initial State File Check
 Vendor Created Date: _____
 Address Created Date: _____
 Vendor/Address Checked
 Correction/Change Date: _____