


NOTE: ALL SECTIONS MUST BE COMPLETED IN ORDER TO CREATE/CHANGE VENDORS ON A TIMELY BASIS

 <b>HARVARD UNIVERSITY</b>		<b>VENDOR SET UP REQUEST</b>	
fax completed form to: 617-496-3196 or email to: <a href="mailto:ap_vendorhotline@harvard.edu">ap_vendorhotline@harvard.edu</a> Inter-Office mail : 1033 Massachusetts Avenue, 2nd Floor		<input type="checkbox"/> New Vendor <input type="checkbox"/> Change Vendor <input type="checkbox"/> New Vendor Site	<b>Vendor #</b>  for office use only
<b>Vendor/Payee legal name:</b> _____ <b>Trade name ("DBA"):</b> _____ Vendor payment terms are 30 Days Net unless a discount is offered: Discount of _____ % if paid in _____ days. (immediate terms for individuals)			
<b>Supplier Type (check one only):</b> <input type="checkbox"/> Vendor <input type="checkbox"/> Individual <input type="checkbox"/> Refund		<b>Legal Entity (check one only):</b> <input type="checkbox"/> Individual - US citizen or US permanent resident ("green card") <input type="checkbox"/> Individual -Not a US citizen or US permanent resident ("foreign national") <sup>*</sup> <input type="checkbox"/> US - Sole Proprietorship <input type="checkbox"/> US - Partnership / LLC <input type="checkbox"/> US Corporation (includes 501(C) 3 non-profit, US College/University) <input type="checkbox"/> US Government Agency	
<input type="checkbox"/> Harvard Employee Reimb. Employee's HUID: _____ Does the employee have direct deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Non-US: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Govt. Agency	
<b>Federal Tax ID/EIN</b> (vendors, organizations) _____ - _____ - _____	<b>Social Security Number</b> (individuals, sole proprietors) _____ - _____ - _____		
Accounts Receivable Contact Information: Phone: _____ Fax: _____	<b>Payee's Mailing Address:</b> Line 1: _____ Line 2: _____ Line 3: _____ City: _____ State: _____ Zip: _____ Country: _____	<b>Payee's Permanent/Tax Reporting Address:</b> Line 1: _____ Line 2: _____ Line 3: _____ City: _____ State: _____ Zip: _____ Country: _____	
<b>Business Classification</b> (please check all that apply): <input type="checkbox"/> Small Business <input type="checkbox"/> Attorney or Legal Firm <input type="checkbox"/> Woman Owned Business <input type="checkbox"/> Physician or Medical/Health Provider		<input type="checkbox"/> Minority Owned Business (if minority owned, please check one): <input type="checkbox"/> Black American <input type="checkbox"/> Subcontinent Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian-Pacific American	
<b>Requester:</b> Name: <u>Melissa Duphily</u> Title: <u>Administrative Coordinator</u> Date: _____ TUB: _____ ORG: _____ HUID: _____ Phone: _____ E-Mail Address: _____			
<b>Authorized by:</b> Name: _____ Title: _____ Phone: _____ Signature: _____ Date: _____ NOTE: The Requester and Authorizer cannot be the same person.			
Authorizer: I certify that I have reviewed this request, have found it in compliance with Harvard policies and policies of other sponsoring agencies funding the activities involved, and hereby authorize the request.			

\*The vendor set up process for non-US individuals requires the completion and submission of the Foreign National Information Form.

[Foreign National Information Form \(FNIF\)](#)