



- Please COMPLETE **Sections A & B** of this form and email to PurchAdmin@uthscsa.edu
- CONTACT the Purchasing Department at **562-6200** if you have any questions.

SECTION A

Option #1	<input type="checkbox"/> New Supplier (Enter Information in Section B Below)
Option #2	<input type="checkbox"/> Change(s) to Existing Supplier (Enter Information in Section B Below)
Option #3	<input type="checkbox"/> Corporate Acquisition / FEIN # Change (If this supplier replaces current/existing suppliers in the system, please provide information on these so that we may close for ordering and inactivate. Please remember to enter new supplier's number and company name in Section B below.)
Supplier Name (to Close or Inactivate)	
Supplier #	
1.	
2.	
3.	
Option #4	<input type="checkbox"/> Remit To Address Changes/Additions (Accounting: Please complete Section B below.)

SECTION B

Supplier Number		Contact Name	
Supplier Name		E-Mail	
Address Line #1		Phone	
Address Line #2		Fax	
City, State, Zip Code		Buyer Name Only	

Requester Name (if other than buyer): _____

Department Name (if other than buyer): _____

Comments:

SECTION C

- For Purchasing Department Use Only -

Received By (Date & Time Stamp):

Date:

Contact History with Supplier	Comments
1.	
2.	
3.	

Procurement Team (Check One)

Action to be taken by Director / Office Manager (Initial & Date):

☐ Close for Ordering

Initial:

Date:

☐ Open for Ordering

Initial:

Date:

☐ Inactivate

Initial:

Date:

☐ Activate

Initial:

Date:

Comments:

Completed By: _____ **Date:** _____