



VENDOR VERIFICATION FORM

New Request Change Request

***Note: A completed IRS W-9 form must be attached with form for new and change request.**

COMPANY INFORMATION

Temple University Assigned Vendor Number, if applicable _____

Company/Individual Name: _____

Business Address: _____

Contact Name and Number _____

Last 4 digits of tax ID number: _____

Dun & Bradstreet Number, if applicable _____

CONTACT INFORMATION

**Provide two Financial Officers responsible for organization's, if applicable*

Name: _____ **Name:** _____

Title: _____ **Title:** _____

Phone #: _____ **Phone #:** _____

Email: _____ **Email:** _____

INVOICE INFORMATION AND PAYMENT

Provide last invoice number submitted for payment _____

Provide last check payment date: _____

Provide last check number and amount: _____

Provide the check amount: _____

**If the above is applicable*



Payment Remittance Address

Address: _____

Telephone Number: _____

Purchase Order Remittance Address

Address: _____

Telephone Number: _____

Vendor Signature: _____ Date: _____

Title: _____

Internal Use Only

Department Approval Signature: _____

(Level 3 and above Signature Authorization (Validating the pre-purchase/expense))

Fund and Org Required for Accounts Payable Validate: _____

Please send the complete form and support to:

Email: ap@temple.edu

FAX: Accounts Payable Vendor Team: 215-926-2046

TUMarketplace: Attached to an active University Purchase Order with comment to the Accounts Payable.

