

VENDOR ADD OR CHANGE FORM

New Vendor Vendor Address Change

Vendor Name _____

If vendor is providing a service, are they or any employee an AZ State Retirement System Retiree?	Yes/No	_____
If Yes provide (per employee):	DOB	_____ Social Security # _____

Vendor Code _____ (if known)

New Address _____

Street Address or PO Box

City State Zip Code

Approved Disapproved

If disapproved, reason

Requester (Please print name) _____ Director of Purchasing

****Attach Original Documentation from Vendor****

*****Purchasing Department Use Only*****

Date Entered into Banner System _____ Initials _____

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