



RUSH: Emergency Patient Care/Disaster
(click) **(must call 4-4050 to confirm RUSH)**

REQUEST FOR VENDOR RECORD ADDITION OR CHANGE

INTERNAL USE ONLY – (DO NOT SEND TO VENDOR)

Please Type or Print Clearly –

Date ____/____/____ Requester's Department _____

Requester's Name _____ Requester's Phone (____) _____

Dept/Back-Up Person (req'd for RUSH/Emergency) _____ & Back-Up Phone (____) _____

ADD (or Re-activate) vendor – Fed Tax ID# of *invoicing entity* (required) _____

W-9 or W-8 (foreign):
[If W-9/W-8 was obtained please check here and attach it]

CHANGE vendor data – Vendor ID# as it appears in Lawson (required) _____

Vendor/Consultant's Name _____

DBA/Other Business Name *(if known)* _____

Vendor Contact Person _____ Contact's Email _____

Vendor Tel# *(required)* (____) _____ Ordering Email *(opt'l)* _____

Vendor Fax # *(opt'l)* (____) _____ Ordering Tel # *(opt'l)* (____) _____

'Purchase From' Vendor Address

'Remit To' Vendor Address

(per invoice - if known)

Address _____

Address _____

Suite / Floor / PO Box _____

Suite / Floor / PO Box _____

City _____ State / Province _____

City _____ State / Province _____

Zip / Postal Code _____ *(Country - if foreign)*

Zip / Postal Code _____ *(Country - if foreign)*

ADDITIONAL INFO – website URL, 'Purchase From' location, Customer Acct#, 'Ship To' Acct#, other info to include in database:

SUBMIT TO:

Hospital Purchasing

2000 Ocean Ave - Ste 1, Ronkonkoma NY 11779-6583 (Campus Z = 9111)

Attn: Vendor Request

Email: **UHMC_Vendor_Record@stonybrookmedicine.edu**

or Fax: 631-706-4482

Questions? Call 631- 444-4050 (ask for Vendor Data Support)