

# VENDOR COORDINATION REQUEST FORM

Clear Form

1. Action

- New
- Modify

2. Request Type

- Customer
- Vendor
- Vendor Assignee
- Employee without FMMI ID
- Invitational Traveler

Pseudo Code

- Other

3. Requester Name

4. Requester E-mail

5. Vendor ID (SSN or Tax ID)

6. Vendor Name

7. Address 1

8. Vendor Phone (optional)

9. Address 2

10. City, State, ZIP

11. Pmt Hold

12. Prompt Pmt Type

13. Bank Name

14. Bank Routing Number

15. Bank Account Number

16. Bank Account Type

- Checking (01)
- Savings (02)

FOR VENDOR ASSIGNEE REQUEST ONLY (**BE SURE TO UPLOAD THE CCC-36**):

17. Assignor Name

18. Assignor SSN or Tax ID

19. SPECIAL NOTES: