

SAP VENDOR REQUEST- Individual

General Vendor Information: please print or type all information.			
Vendor Full Name:			
DBA, (if applicable):			
Federal Taxpayer Identification Number (TIN) or SSN:			
Street Address/PO Box:			
City:	State:	Zip Code:	
Country (if outside US):	Region:	Phone:	
HIPAA Security Information			
In your work for UAMS, will you be accessing, receiving, maintaining, or creating health information of UAMS patients? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes please complete BA HIPAA Security Checklist)			
Type of Request:			
<input type="checkbox"/> Honorarium <input type="checkbox"/> Award <input type="checkbox"/> Non-Employee Reimbursement <input type="checkbox"/> Scholarship (Financial Aide / Bursars Office) <input type="checkbox"/> Stipend <input type="checkbox"/> Research Participant <input type="checkbox"/> Standardized Patient <input type="checkbox"/> Other : _____			
Please provide vendor detail below:			
UAMS is a sales and use tax exempt facility. Site permit ID: 070136-84-001. For more details please see: http://supplychain.uams.edu/files/2017/08/Sales-and-Use-Tax-Exemption-Permit-No.-070136-84-001.pdf			
I certify that I have reviewed the UAMS terms & conditions: http://supplychain.uams.edu/files/2017/09/Terms-Conditions_Purchase-Order_-Revision-9_1_17.pdf Yes _____ No _____			
I certify that: (i) my company is not currently engaged in a boycott of Israel, and (ii) my company will not engage in such a boycott for the duration of the contract with UAMS. Yes _____ No _____			
UAMS validates all persons or entities that are engaged in business against the federal debarred list.			
Sign:			Date:

Please ensure the appropriate back up is attached to the email request.