

University of Houston System-Wide
Individual Setup Form

Name Last _____
 First _____
 Middle (or Initial) _____

Social Security No. _____ If no SSN, check here. _____

Note: SSN is required, except for individuals residing outside the US and refund recipients.

Address Line1 _____
 Line2 _____
 Line3 _____
 Line4 _____
 City _____
 State _____ Zip Code _____
 Region/Province _____ Country _____

Classification State Employee _____ Agency No. _____
(check all that apply) University Student _____
 Prospective Employee _____
 Non-Employee Reimbursement (not paid fee) _____
 One-Time Refund of Money Paid to Univ. _____
 Other Individual (explain in Comments) _____

Comments _____

Submitted by _____ Date _____
Phone _____ E-Mail _____

Fax or email completed form to Vendor ID. Fax: 713-743-8709 Email: VendorID@uh.edu Phone: 713-743-8746