

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) Board of Regents _____
 University Student _____
 Prospective Employee _____
 Non-Employee Reimbursement (not paid fee) _____
 One-Time Refund of Money Paid to Univ. _____
 Other Individual (explain in Comments) _____

For UH System employees, update address in Payroll System (Yes/No) _____

Comments _____

Vendor Signature _____
Submitted by _____ Date _____
Phone _____ E-Mail _____

Fax completed form to Vendor ID (Fax: 713-743-0521).

For questions, email VendorID@uh.edu or call 713-743-8746 or 713-743-8745