University of Houston System
Vendor Setup Coversheet – U.S. Individual (Including Residential Alien Individual)

Name: _____________________________________
Phone #: _____________________________________
Email:  _____________________________________

Vendor Classification (select one):

☐ UHS Employee (circle one: UH  UHCL  UHD  UHSA  UHV  Other _____)
(EmplID:_____________)

☐ Other State of Texas Employee (Agency Number __________)

☐ UHS Board of Regents

☐ UHS Student (circle one: UH  UHCL  UHD  UHSA  UHV  Other _____)

☐ UHS Student and also Employee (circle one: UH  UHCL  UHD  UHSA  UHV  Other _____)

☐ Prospective Employee

☐ UH Hilton or UH Optometry One-time Refund Recipient** (UH Hilton or UH Optometry only)
(Must be approved by a UH Hilton or UH Optometry Certifying Signatory)

_______________________   ______________________    __________
Name (print)    Signature       Date

☐ Other (explain: ________________________________)

UH System person to notify when vendor setup is complete (Required**): ____________________________ Email Address

** Vendors will NOT be set up in the UHS Vendor System without this information.

Complete and fax this coversheet, a W-9 form, and a Direct Deposit Authorization form to Vendor ID (Fax # 713-743-0521). A Direct Deposit Authorization form is not required for UHS employees, since UHS employees should complete the direct deposit information via P.A.S.S.

**For UH Hilton or UH Optometry one-time refunds, this coversheet should be completed and forwarded to Vendor ID. Please provide the one-time refund vendor’s address here:

_________________________________________________________ Address      City  State  ZIP

Revised 08/30/19