

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 _____
Student Employee (Student and Employee) _____
Prospective Employee _____
One-Time Refund of Money Paid to Univ. _____ *Refund approved by: _____
Other Individual (explain in Comments) _____

This form is only for voucher payments issued through Accounts Payable (e.g., reimbursements) and will not affect payee information in Payroll.

Comments _____

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

* One-time refund must be approved by the appropriate department approver.

**Vendor Signature is required for all cases except for one-time refunds.

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.

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