

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                      \_\_\_\_\_  
                                  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.