

MSU Vendor Request (VR) Form
Murray State University
Procurement Services

Request Date: _____
Type of Request: New Vendor
 Change Existing Vendor

Vendor ID # (if existing vendor): _____

PURPOSE: To provide vendor contact information to PPS Support.

NOTE: Vendor records will not be created or revised without completed Vendor Information (VI) Form.
 Your help in obtaining the Vendor Information Form from the vendor will facilitate record set-up time.

Vendor Information

Vendor Name 1: _____

Vendor Name 2: _____

Mailing Address: _____

Address Line 2: _____

City, State, Zip: _____

Country: _____

Vendor Contact Name: _____

Vendor E-Mail: _____

Vendor Phone: _____

Vendor Fax: _____

MSU Department Contact Information

Department: _____

Department Contact: _____

Campus Phone #: _____

Campus Mail Address: _____

Campus E-Mail: _____

VI Form: (Form Attached)

Submit completed Vendor Request Form with attached VI Form (if available) via

campus mail: Procurement Services

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200 Hogancamp General Services Building

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