

Business and Finance Division
SAINT LOUIS UNIVERSITY

VENDOR MASTER FORM
eSeeDPV only
PLEASE TYPE OR PRINT FORM

SLU Contact: _____

Vendor Information Required for Payment

REMIT TO:

Vendor name	_____
DBA	_____
Street/PO Box	_____
City, State, Zip	_____
Contact Name	_____
Telephone	_____
Fax	_____
Email Address	_____

Does this vendor accept American Express? [] Yes [] No
Is this company listed as a Certified Minority Vendor? [] Yes [] No

If Yes, please complete the attached Certification of Status Form

PAYMENTS TO NON-SLU PERSONS (place an X on the line to designate type)

- | | |
|---|--|
| <input type="checkbox"/> Attorney/Legal Fees | <input type="checkbox"/> Prize or Award |
| <input type="checkbox"/> Consulting/Other Services: <u>Precepting</u> | <input type="checkbox"/> Professional Entertainment |
| <input type="checkbox"/> Dues/Subscriptions | <input type="checkbox"/> Refund |
| <input type="checkbox"/> Expense Reimbursement | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Honorarium | <input type="checkbox"/> Services (type): _____ |
| <input type="checkbox"/> Licenses (Dr., Attorney, Car...) | <input type="checkbox"/> Speaker/Lecture Fee |
| <input type="checkbox"/> Local Seminar/Conference/Registration Fee | |
| <input type="checkbox"/> Medical/Healthcare Services | |
| <input type="checkbox"/> Patient Study | Non-Resident of US (Submit W8-BEN Form) |
| <input type="checkbox"/> Pre-Pay Travel | <input type="checkbox"/> Expense Reimbursement |
| <input type="checkbox"/> Pre-move | <input type="checkbox"/> Personal Services/Honoraria |

SLU DEPARTMENT INFORMATION

YOUR NAME: _____ PHONE: _____ EMAIL: _____

VENDOR BANNER ID NUMBER: _____

Complete form and return to eSeePay@list.slu.edu or fax 314-977-2298

