

Date of Request _____

Requestor _____

Department _____

Phone No. _____

VENDOR DATA ENTRY INFORMATION REQUEST FORM

(Please ensure that vendor is registered in eVA prior to submitting request to Procurement Services)

VENDOR NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

OFFICE PHONE NO _____ FAX NO _____

ORGANIZATION ENTITY:

Federal Identification Number: _____

Social Security Number: _____

*Vendor's eVA ID Number: _____

* Exempted: Lodging Reimbursement Stipend Registration
 Speaker Subscription Other _____

BUSINESS CLASSIFICATION:

_____ Small Business

_____ Minority Business

_____ Woman Owned Business

PROCUREMENT SERVICES USE ONLY

Date Entered:	
Entered By:	
Comments:	