

**VENDOR FILE
ADDITIONS/CHANGES FOR EMPLOYEES/BOARD MEMBERS**

**Employee or
Board
Member**

Name

SSN

EMPLID

Address

9 Digit Zip

Employee or Board Member	Name	SSN	EMPLID	Address	9 Digit Zip

I certify that the information provided here is accurate to the best of my knowledge.

**Signature of
Agency Chief Fiscal/Finance Officer**

**Print Name of
Agency Chief Fiscal/Finance Officer**

Business Unit Name & Number: _____

Contact: _____

Contact Email: _____

Phone #: _____ **Fax #:** _____

Date: _____