

SUPPLIER REQUEST FORM CHECKLIST

Intended to support information collection necessary to submit a complete New Supplier Setup Request.

Supplier Legal Name	
Supplier Country of Origin	
Supplier Legal Structure*	
Supplier Contact Name	
Supplier Contact e-mail	
Supplier Contact Phone	
Supplier Contact Address	
Is a current student?	YES NO
Is current employee or business entity owned by employee or employee spouse/child? *	YES NO
Description of Services/Product	KNOWN

FCOE	
USF Employee Full Name	
USF Employee ID Number	
Approved FCOE number	

Non Resident Alien	
Location of the work	
Travel Dates	

Independent Contractor	
Nature of the work relationship	KNOWN
Proof of Business (Business license/registration; client list; screen shot of website; business cards/advertisements; attestation of professional services)	KNOWN