

## Employee Vendor Information Sheet

06 – Research     07 – Extension     20 – TVMDL

1.	_____	2.	_____
	<i>Employee Name</i>		<i>Employee SSN or UIN</i>
3.	_____		
	<i>Address check is to be mailed to</i>		
4.	_____		
	<i>City, State, Zip</i>		
5.	_____		
	<i>E-mail address</i>		
6.	_____		
	<i>Notes/comments</i>		

\_\_\_\_\_  
*Person/Dept submitting request*

\_\_\_\_\_  
*Date (MM-DD-YYYY)*

**Submit to Disbursements via Laserfiche WIP-Disbursements/Vendor Request  
or**

**Mail/Fax to:**

Texas A&M AgriLife Disbursements  
2147 TAMU  
College Station, TX 77843-2147  
Fax: 979-458-3242

**Email Questions to:**

[vendorrequest@ag.tamu.edu](mailto:vendorrequest@ag.tamu.edu)

Do not include confidential information in an e-mail.