

University of Houston System

**Vendor Setup Coversheet – U.S. Individual (Including Residential Alien Individual)**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Vendor Classification (select one):

- UHS Employee (circle one: UH UHCL UHD UHSA UHV Other \_\_\_\_\_)  
(EmplID: \_\_\_\_\_)
- Other State of Texas Employee (Agency Number \_\_\_\_\_)
- UHS Board of Regents
- UHS Student (circle one: UH UHCL UHD UHSA UHV Other \_\_\_\_\_)
- UHS Student and also Employee (circle one: UH UHCL UHD UHSA UHV Other \_\_\_\_\_)
- Prospective Employee
- UH Optometry One-time Refund Recipient\*\* (UH Optometry only)  
(Must be approved by a UH Optometry Certifying Signatory)

\_\_\_\_\_  
Name (print)                      Signature                      Date

- Other (explain: \_\_\_\_\_)

UH System person to notify when vendor setup is complete (optional): \_\_\_\_\_  
Email Address

Complete and fax [this coversheet](#), a [W-9 form](#), and a [Direct Deposit Authorization form](#) to Vendor ID (Fax # 713-743-0521). A Direct Deposit Authorization form is not required for UHS employees, since UHS employees should complete the direct deposit information via P.A.S.S.

\*\*For Optometry one-time refunds, this coversheet should be completed and forwarded to Vendor ID. Please provide the one-time refund vendor's address here:

\_\_\_\_\_  
Address                                      City                      State      ZIP