**AP to Set up New Vendor:** ❒**Yes** ❒**No** **[AP Fax 6-2393]**

Study Name: _____

Index Number **(REQUIRED):** _____

Primary Investigator: _____
Department of Human Physiology

First/MI/Last Name: _____

Social Security Number: _____

Citizenship: ❒USA ❒Other:_____

UO ID Number: _____

Address: _____

_____

Phone Number: _____

Payment Amount: $_____
Contact Dan Patton for "net" (tax treaties) on non citizens: _____

Date of Study: _____

Procedures completed: _____ _____

_____ _____

GTF Signature/Date: _____ / _____

Banner # / Commodity / Index / Acct: I_____ / 961 / _____ / 25140

Signature / Date: _____ / _____
Kate Anderson, DGA , Phone: 6-4878