

VENDOR REQUEST FORM | ORGANIZATION

FY21 CARRYOVER

(To request an organization be added as a new vendor in the UGA database)



*This does not register the supplier in the UGA Vendor System. UGA
IDM will contact the organization to register at suppliers.uga.edu.*

Date: _____

Requesting Coalition: _____

Requester (Your) Contact Information

Name: _____

Phone Number: _____

Email Address: _____

Organization: _____

Vendor Information

Name of Vendor: _____

Street Address: _____

City: _____ Zip Code: _____

Vendor Point of Contact Name: _____

Vendor Point of Contact Phone Number: _____

Vendor Point of Contact Email Address: _____

SUBMIT COMPLETED FORM TO COALITION SUPPORT (coalitionsupport@uga.edu)