

OKLAHOMA STATE DEPARTMENT OF EDUCATION

WORKSHOP PARTICIPANT VENDOR FORM

The State of Oklahoma requires the following information for all new vendors (payees) before any payments can be made. This information is used to establish you in the State's vendor file.

AGENCY SECTION:

(To be filled in by the agency)

Agency Name: Oklahoma State Department of Education	Agency #265
Department Name: _____	Phone: _____ Fax: _____
PeopleSoft Vendor #: _____	
Contact: _____	Lori Boyd, Director of Advanced Placment

- Change of Address
- Name Change

VENDOR/PAYEE SECTION:

Legal Name: _____
Phone: _____ Fax: _____
SSN: ____ - ____ - ____ Auto Tag #: _____
Home Mailing Address: _____
City: _____ State: _____ Zip (+4): _____
Email: _____
<input type="checkbox"/> I certify that the above information is correct.

Signature of Payee

Date