



# SUPPLIER REQUEST FORM CHECKLIST

Intended to support information collection necessary to submit a complete New Supplier Setup Request.

Supplier Legal Name	
Supplier Country of Origin	
Supplier Legal Structure	
Supplier Contact Name	
Supplier Contact e-mail	
Supplier Contact Phone	
Supplier Contact Address	
Is a current student?	
Is current employee or business entity owned by employee or employee spouse/child?	
Description of Services/Product	

FCOE	
USF Employee Full Name	
USF Employee ID Number	
Approved FCOE number	

Non Resident Alien	
Location of the work	
Travel Dates	

Independent Contractor Nature of the work relationship	
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Independent Contractor – Nature of the Work Relationship

YES