

Business and Finance Division
SAINT LOUIS UNIVERSITY

VENDOR MASTER FORM
eSeeDPV only
PLEASE TYPE OR PRINT FORM

SLU Contact: _____

Vendor Information Required for Payment

REMIT TO:

Vendor name _____
DBA _____
Street/PO Box _____
City, State, Zip _____
Contact Name _____
Telephone _____
Fax _____
Email Address _____

Does this vendor accept American Express? [] Yes [] No
Is this company listed as a Certified Minority Vendor? [] Yes [] No

If Yes, please complete the attached Certification of Status Form

PAYMENTS TO NON-SLU PERSONS (place an X on the line to designate type)

- | | |
|--|--|
| <input type="checkbox"/> Attorney/Legal Fees | <input type="checkbox"/> Prize or Award |
| <input type="checkbox"/> Consulting/Other Services: _____ | <input type="checkbox"/> Professional Entertainment |
| <input type="checkbox"/> Dues/Subscriptions | <input type="checkbox"/> Refund |
| <input type="checkbox"/> Expense Reimbursement | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Honorarium | <input type="checkbox"/> Services (type): _____ |
| <input type="checkbox"/> Licenses (Dr., Attorney, Car....) | <input type="checkbox"/> Speaker/Lecture Fee |
| <input type="checkbox"/> Local Seminar/Conference/Registration Fee | |
| <input type="checkbox"/> Medical/Healthcare Services | |
| <input type="checkbox"/> Patient Study | Non-Resident of US (Submit W8-BEN Form) |
| <input type="checkbox"/> Pre-Pay Travel | <input type="checkbox"/> Expense Reimbursement |
| <input type="checkbox"/> Pre-move | <input type="checkbox"/> Personal Services/Honoraria |

SLU DEPARTMENT INFORMATION

YOUR NAME: _____ PHONE: _____ EMAIL: _____

VENDOR BANNER ID NUMBER: _____

Business and Finance Division

SAINT LOUIS UNIVERSITY

YOUR SLU CONTACT: _____

VENDOR DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Remittance Email: _____

A BLANK, VOIDED CHECK MUST BE ATTACHED.

If this is not available, please provide a letter from/on your bank's letterhead stating the bank routing Number and account name and number to be used for Direct Deposits.

Cancellation of your direct deposit must be made in writing. If any of your bank account numbers or Transit numbers change, it will be necessary to complete a new Direct Deposit Authorization Agreement.

ACCOUNT FOR DEPOSIT (US BANKS ONLY)

Routing Number: _____ Account Number: _____

Type of Account: Checking; Savings; Money Market; Other: _____

Bank Name: _____ Branch Location: _____

Address: _____

City: _____ State: _____ Zip: _____

We hereby authorize Saint Louis University to initiate credit entries to the account indicated above.

Signed by: _____ Date: _____

Title: _____

Saint Louis University Use Only:

Vendor #: _____



SAINT LOUIS UNIVERSITY
—
SCHOOL OF EDUCATION

Cooperating Teacher Honarium Form

Student Teacher _____

Teacher Educator Name: _____

Teacher Educator's HOME Address _____

Teacher Educator's Email Address _____

Please sign within the box below. This signature will be used to create an electronic signature file for the student teacher's final evaluation.

Signature

Please return all forms to Pam Samuels, Executive Assistant.

Email: psamuels@slu.edu

Phone: 314-977-3292