

MARS Non-PO Vendor Maintenance Request

Supporting documentation such as an invoice or other document from the payee is required. Forms submitted for non-employee U.S. payees must have a completed and signed IRS Form W-9. Some exceptions include State, Local, and Federal government entities. Forms received with missing or incomplete information cannot be processed.

AP Use Only: New vendor Code

Select One Add Change

***** RED font indicates required information *****

MARS Vendor ID (For Changes Only)			
Payee Name		Phone Number:	
Mailing Address Line 1:		Fax Number:	
Mailing Address Line 2:		Contact Name	
City:		Email Address	
Zip Code:		Vendor Classification (Click space below to select one.)	
State:			
Country		Enter additional description below if vendor classification is Outside Party	
Payment Type (Select One Below)			
<input type="checkbox"/> Check	<input type="checkbox"/> ACH / Direct Deposit (If banking information is not on invoice, submit enrollment form)		
Employees and Utility vendors are set at immediate terms. All others default to Net 30 unless otherwise indicated.		Payment Terms <input type="checkbox"/> Net 30 <input type="checkbox"/> Other: _____	

Submitted By

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3/21/2017

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Printed Name

Title

Signature

Date

Email Address

Submit forms or questions to MARSVMR@tmhs.org

