



Supply Chain Business Operations  
 Vendor Master Data Management  
 4301 W Markham St, Slot 778  
 Little Rock, AR 72205  
 501-686-7273 (P)  
 501-526-6569 (P)

## SAP VENDOR REQUEST- Individual

<b>General Vendor Information: please print or type all information.</b>			
<b>Vendor Full Name:</b>			
DBA, (if applicable): n/a			
Federal Taxpayer Identification Number (TIN) or <b>SSN:</b>			
<b>Street Address/PO Box:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
Country (if outside US):	Region:	<b>Phone:</b>	
<b>HIPAA Security Information</b>			
In your work for UAMS, will you be accessing, receiving, maintaining, or creating health information of UAMS patients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes please complete BA HIPAA Security Checklist)</i>			
<b>Type of Request:</b>			
<input type="checkbox"/> Honorarium <input type="checkbox"/> Award <input type="checkbox"/> Non-Employee Reimbursement <input type="checkbox"/> Scholarship (Financial Aide / Bursars Office) <input checked="" type="checkbox"/> Stipend <input type="checkbox"/> Research Participant <input type="checkbox"/> Standardized Patient <input type="checkbox"/> Other : _____			
<b>Please provide vendor detail below:</b>			
Family Medicine Preceptorship / Service Learning Project / MASH Assistant			
UAMS is a sales and use tax exempt facility. Site permit ID: 070136-84-001. For more details please see: <a href="http://supplychain.uams.edu/files/2017/08/Sales-and-Use-Tax-Exemption-Permit-No.-070136-84-001.pdf">http://supplychain.uams.edu/files/2017/08/Sales-and-Use-Tax-Exemption-Permit-No.-070136-84-001.pdf</a>			
I certify that I have reviewed the UAMS terms & conditions: <a href="http://supplychain.uams.edu/files/2017/09/Terms-Conditions_Purchase-Order_-Revision-9_1_17.pdf">http://supplychain.uams.edu/files/2017/09/Terms-Conditions_Purchase-Order_-Revision-9_1_17.pdf</a> Yes <input checked="" type="checkbox"/> No _____			
I certify that: (i) my company is not currently engaged in a boycott of Israel, and (ii) my company will not engage in such a boycott for the duration of the contract with UAMS. Yes <input checked="" type="checkbox"/> No _____			
UAMS validates all persons or entities that are engaged in business against the federal debarred list.			
<b>Sign:</b>			<b>Date:</b>

Please ensure the appropriate back up is attached to the email request.