

**DEPARTMENT OF ADMINISTRATION
STATE ACCOUNTING BUREAU
PO BOX 200102
HELENA, MT 59620-0102**

**203 - EMACS
SUPPLIER
INFORMATION**

Attach appropriate documentation. Questions please contact Warrant Writer. Phone: 444-3092 Fax: 444-2812

1) Business Unit:	2) Agency Contact:	Voice
		Fax

3) SCIQUEST Supplier ID:

4) Tax ID Number: <i>(must be 9 digits)</i>										Type: <input type="checkbox"/> SSN <input type="checkbox"/> FEIN
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5) DUNS# (If Applicable)									
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6) Supplier Name: *(limited to 40 characters per line)*

Line 1

Line 2

7) Address: *(limited to 45 characters per line)*

Line 1

Line 2

Line 3

City	State/Province	Postal Code
Country	Phone:	Email:

8) Contacts

Name:	Phone:	Email:
Name:	Phone:	Email:

9) EFT Bank Information Attached *(Voided Check or a Bank Letter form signed by Bank)*

10) W-9 Attached W-8 Attached

11) Exempt From Back-up Withholding: Yes No

12) Special Instructions/Additional Information:

13) Agency Authorization	Authorized Signature	Title	Date
To Be Completed by Department of Administration			
D of A Approval	Approved	Authorized Signature	Assigned Supplier ID
	Not Approved		