

**Student Organization/University Departments
University Account Number (MFK)**

FUND XXX	ORG XX	DEPT XXXX	SUBDEPT XXXXX	GRANT/PROG X XXXXX XX	INST ACCT XXXX	ORG ACCT XXX	DEPT ACCT XXXXX	FN XX	COST CTR XXXX
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Outside Vendor/Business

Check should be made payable to: _____

Contact Person: _____

Address: _____

Phone Number: _____

Email: _____

Federal Tax ID number or Social Security number: _____

If an individual's social security is used, the money from sales will be submitted as taxable income for that individual to the IRS.

Please return by 4:00 p.m., Wednesday, February 11, 2009 to: Dinette Myers, Office of Student Life, 145 Iowa Memorial Union, Iowa City, IA 52242-1317, (319) 353-2245 (fax). Contact katherine-betts@uiowa.edu with questions.

Late Policy Statement

The previous information is correct and if there are changes to be made, I, as the contact person, will contact the Vending Chairperson by noon, Friday, February 13. If there are any changes that have been made without contacting the Vending Chairperson, then the changes may not be honored.

Signature of Contact Person

For Office Use Only

Date Received: _____ Date Money Received: _____

Amount Received: _____ Blue Req Check # _____ Cash

Date Confirmation Sent: _____ Date Attended Mandatory Meeting: _____