

**OKLAHOMA STATE DEPARTMENT OF EDUCATION
WORKSHOP PARTICIPANT VENDOR FORM**

The State of Oklahoma requires the following information for all new vendors (payees) before any payments can be made. This information is used to establish you in the State's vendor file.

AGENCY SECTION:

Agency Name: Oklahoma State Department of Education	Agency # 265
Department Name: <u>Office of Instruction/Advanced Placement</u> Phone: <u>405-521-4288</u> Fax: <u>405-522-5779</u>	
PeopleSoft Vendor # _____	
Contact: <u>Cathy Seward</u>	

VENDOR / PAYEE SECTION:

<i>Please print clearly:</i>		
Name of Individual	Phone #	
Social Security Number of Individual		
Home Mailing Address		
City	State	<u>Zip (plus four)</u>
E-Mail Address		

I certify that the above information is correct:

Signature of Individual Payee

Date