

**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</u>	Phone: <u>(405) 522-1780</u> Fax: <u>(405) 522-5779</u>
PeopleSoft Vendor # _____	
Contact: _____ / <u>Pam Thompson</u>	

Change of Address Name Change

VENDOR / PAYEE SECTION:

<i>Please print clearly:</i>		
Name of Individual (Legal Name on file with IRS)	Phone #	Fax #
_____	_____	_____
Social Security Number of Individual	Auto Tag # _____	
_____	_____	
Home Mailing Address		

City	State	Zip (plus four)
_____	_____	_____
E-Mail Address (for electronic payment notice)		

Beginning date of Travel	Time departed home/work	
_____	_____	

I certify that the above information is correct:

Signature of Individual Payee

Date