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|  | **OKLAHOMA VENDOR REGISTRATION** EMPLOYEE VENDOR REQUEST FORM |

**Agency Instructions:** *Form should be completed by authorized payment requestor for state agency and include CFO authorization. Please identify the purpose of request to add employee to vendor payment system and verify which SETID will be used for the payment.*

Request Type:  Reimbursement  Payroll Replacement  Warrant Replacement  Other:

PeopleSoft SETID:  00000  HECLM

| **EMPLOYEE NAME** | **SSN** | **HCM EMPLID (STATE AGENCY EMPLOYEES ONLY)** | **AGENCY ADDRESS** | **9-DIGIT ZIP** | **Email** |
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*I certify that the above employees are authorized to be added to the state’s vendor payment system*:

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| Signature of Agency Chief Fiscal/Finance Officer | | Print Name of Agency Chief Fiscal/Finance Officer | | |
| Agency/BU Name: | | Agency/BU Number: | | |
| Contact Name:  Contact Email: | |  | | |
| Phone #: | Fax #: | | Date: |