OKLAHOMA
Office of Management
& Enterprise Services

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

I certify that the above employees are authorized to be added to the state's vendor payment system:

_____ _____
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: _____