



**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:

Signature of Agency Chief Fiscal/Finance Officer
Agency/BU Name: _____
Contact Name: _____
Contact Email: _____
Phone #: _____ Fax #: _____

Print Name of Agency Chief Fiscal/Finance Officer
Agency/BU Number: _____
Date: _____