



STATE OF MARYLAND
VENDOR MAINTENANCE REQUEST

SECTION I: Identifying Information

Agency Code: _____

Vendor ID: _____

Vendor Name: _____

SECTION II: Action Requested

Update Existing Vendor Activate Vendor Inactivate Vendor Undeliverable
(Section III must be completed) Check# _____

Select one:

- All Mail Codes
 Specific Mail Codes (Note in Section III)

SECTION III: Requested changes

Note: Supporting documentation (invoice, W-9, vendor contract, credential application, etc.) must be attached. Please complete form and fax to 410-974-2309.

Change Vendor Name
Current: _____
New: _____

Change Vendor Address
Current: _____
New: _____

Change Vendor Contact Number

	<u>Telephone</u>		<u>Fax</u>
Current:	_____	Current:	_____
New:	_____	New:	_____

Inactivate mail code(s)
Please list codes and reason: _____

Other Changes
Please explain: _____

SECTION IV: Authorization

Requested by: _____ Date: _____

I attest that I am authorized to submit vendor table changes.

Agency Coordinator Signature: _____ Phone: _____

Email: _____

SECTION V: Administrative Use Only

GAD Input By: _____ GAD Reviewed By: _____