



REQUEST FOR UNC-CH CREDIT INFORMATION TO BE SENT TO VENDOR

VENDOR NAME: _____

ATTENTION TO: _____

VENDOR ADDRESS: _____

VENDOR FAX: _____

VENDOR EMAIL: _____

US MAIL INFORMATION TO VENDOR:

FAX INFORMATION TO VENDOR:

EMAIL INFORMATION TO VENDOR:

REQUESTOR'S NAME: _____

DEPARTMENT: _____

PHONE: _____

EMAIL: _____

CAMPUS BOX: _____

Please submit by email to Accounts
Payable and Vendor Services

ATTN: Judy LeDoux

accountspayable@unc.edu

Print