



# Employee Vendor Record Request

*Please Print or Type*

**\* REQUIRED FIELD**

**Questions? Contact [DOA.DOF.Vendor.HelpDesk@alaska.gov](mailto:DOA.DOF.Vendor.HelpDesk@alaska.gov) or (907) 465-5555**

DATE OF REQUEST \_\_\_\_\_

**EMPLOYEE TYPE \***

**TYPE OF REQUEST \***

**EMPLOYEE**

**BOARD MEMBER**

**INITIAL SET-UP**

**ADDRESS CHANGE**

## IMPORTANT

Before submitting this form, please search VCUST in IRIS to ensure the employee doesn't already have a vendor record on file. This form should be filled out only for State of Alaska employees or board members who are expecting ongoing non-tax reportable travel or other reimbursements from the State of Alaska.

If you are expecting a one time payment, you may not need to submit this form. Instead, your agency may use your department's miscellaneous vendor code to make payments. Please contact your [Finance Officer](#) for questions if you are not sure what type of payments the employee will be receiving.

## EMPLOYEE INFORMATION

EMPLOYEE LEGAL NAME \*

EMPL ID NUM \*

AGENCY \*

## ELECTRONIC PAYMENT OPTION

**I would like my reimbursements to be paid via electronic fund transfer (EFT).**

If selected, the completion and submission of the [Electronic Payment Agreement Form for State Employees](#) is required. You may submit this form and the [Electronic Payment Agreement Form for State Employees](#) together to the Vendor Help Desk.

## CONTACT INFORMATION

PHONE \*

**EMAIL ADDRESS**

NOTE: This address will be used for payment notifications only if employee is setup for EFT payments.

## PERSONAL MAILING ADDRESS

ADDRESS LINE 1 \*

ADDRESS LINE 2

CITY \*

STATE \*

ZIP \*

**Please allow 3-5 business days for this request to be completed.**

Submit form to the Division of Finance Vendor Help Desk

Email: [DOA.DOF.Vendor.HelpDesk@alaska.gov](mailto:DOA.DOF.Vendor.HelpDesk@alaska.gov)