

# VENDOR PERMIT REQUEST FORM

Documentation from a UNF Department Chair or Director authorizing this company to purchase vendor permits is required. Please attach the authorization to this form.

COMPANY NAME:	
BILLING ADDRESS:	
BILLING CONTACT NAME:	BILLING CONTACT PHONE #:
ACTIVE VENDOR PERMITS CURRENTLY IN POSSESSION OF COMPANY:	
Permit Number: _____	Expiry Date: _____
_____	_____
_____	_____
NEW VENDOR PERMIT REQUEST: (prices include 7% sales tax)	
1 YEAR PERMIT: Number requested _____ @ \$260.00 each = \$ _____	
4 MONTH PERMIT: Number requested _____ @ \$155.00 each = \$ _____	
1 MONTH PERMIT: Number requested _____ @ \$ 50.00 each = \$ _____	
Total Permit(s) Cost = \$ _____	
If this request will result in the company possessing more than two active vendor permits, please provide a brief description / justification for this requirement. UNF's Vice President of Administration and Finance must authorize requests which result in more than two active permits per company.	
INDIVIDUAL RECEIVING PERMIT(S):	INDIVIDUAL RECEIVING PERMIT(S) PHONE #:
I certify that my company has given permission for UNF to bill my company in the amount indicated above. Should my company fail to pay this total permit(s) cost, I understand I am personally liable for any unpaid amounts.	
I have received and read the policies associated with Vendor permit use.	
_____	_____
Signature	Date

FOR UNF USE ONLY:

The request for more than two active vendor permits is _____ approved _____ denied.	
_____	_____
Vice President of Administration and Finance	Date

PERMIT(S) ISSUED BY _____ ON (date) _____	
Permit Number: _____	Expiry Date: _____
_____	_____
_____	_____