# Internal Sales Vendor Authorization/Change

# *Units must complete this form when also applying for Internal Sales Approval UMN (Form 1608).*

**Internal Sales Accounting Structure**

All units who have approval for internal sales must be identified in the financial system with an internal sales vendor number to be able to make internal payments. This is the request form to obtain an internal sales vendor number, or to make changes to an existing internal sales vendor number.

All fields must be completed prior to submission. **Completed forms should be sent via email to extsales@umn.edu**

**New**  **Change**  **Date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Internal Vendor (Unit) Information** | | | | |
| **Vendor #** *(Provided by Internal Sales)* | | | **Cluster Name:** | |
| **Department Name:** |  | | **Dept. ID** | |
| From latest Chart of Accounts | **I/ESAF #: (Leave blank. Will be filled in by the Internal Sales Unit.)** | |
| Address |  | | | |
| City |  | | State | Zip |
| Contact Name |  | | E-mail |  |
| Phone |  | | Fax |  |
| **Billing Information** | | | | |
| Address |  | |  |  |
| City |  | | State | Zip |
| Contact Name |  | | E-mail |  |
| Phone |  | | Fax |  |
| **Description of Services** **(from I/ESAF Application)** | | | | |
| **Complete Chartstring** | |  | | |