

STARS VENDOR EDIT TABLE MAINTENANCE FORM

Agency Name: _____

Submitted by: _____ Telephone Number: _____ Date: _____

FUNCTION: _____ VENDOR NUMBER / SFX: _____ DUE DAY: N/A

A = Add
C = Change
D = Delete

VEND-TYPE: _____ VENDOR STATUS: _____ MIN BUS: N/A DISADV-BUS: N/A WOMAN-BUS: N/A

SORT-SEQUENCE: _____ AGENCY/DIV: _____ 1099 INDICATOR: _____

VENDOR-NAME 1 (40 spaces max): _____

VENDOR-NAME 2 (40 spaces max): _____

VENDOR-ADDRESS (40 spaces max): _____

CITY (25 spaces max): _____ STATE: _____

ZIP-CODE: _____

PHONE: _____

CONTACT NAME (40 spaces max): _____

EFF START DATE: N/A

EFF END DATE: N/A

EXPLANATION: _____
