

UAB NON-ISUPPLIER SETUP REQUEST

This form is to be used for UAB existing and prospective suppliers/vendors NOT required to register using the [UABiSupplier](#) portal. Requesters should submit Form W-9 or Form W-8 as appropriate along with the setup request to Non_UAB.517732a320csouxq@u.box.com.

Patient Refund

Petty Cash

Other Refund

Study Participant

Supplier Name:

Taxpayer ID:

Remittance Address:

City:

State:

Zip:

Email Address:

UAB Department Contact Name:

Email:

Phone:
