

STARS VENDOR EDIT TABLE MAINTENANCE FORM

Prepared By: _____ Agency Name: _____ Telephone No.: _____

Authorized By: _____ Date _____ Entered By _____ Date _____

FUNCTION: _____ VENDOR NUMBER/SFX: _____ DUE DAY: ____

A = Add
C = Change
D = Delete

VEND-TYPE _____ VENDOR STATUS: _____ (0-1) MIN BUS: _____ DISADV-BUS: _____ WOMAN-BUS: _____

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 _____

EFF END DATE _____

EXPLANATION: _____