



UNIVERSITY OF  
**SOUTH CAROLINA**

**Employee/Student Supplier Form**

<b>Legal Name:</b> _____	
Mailing Address line 1: _____	
Mailing Address line 2: _____	
City, State & Postal Code: _____	
VIP Number (Do not use SSN): _____	
Employee	Student
Email Address: _____	
Telephone: _____	

<b>Department:</b>	
Department Contact (Name, Email, Phone):	
Signature: _____	Date: _____

Please email this Employee/Student Supplier Form to [APSupplr@mailbox.sc.edu](mailto:APSupplr@mailbox.sc.edu).