



UNIVERSITY OF
SOUTH CAROLINA

Employee/Student Supplier Form

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

Department:
Department Contact (Name, Email, Phone):
Signature: _____ Date: _____

Please email this Employee/Student Supplier Form to APSupplr@mailbox.sc.edu.