



UNIVERSITY OF
SOUTH CAROLINA

Employee/Student Supplier Form

Legal Name: _____

Mailing Address line 1: _____

Mailing Address line 2: _____

City, State & Postal Code: _____

USC ID (Do not use SSN): _____

Employee Student

Email Address: _____

Telephone: _____

Is Employee/Student receiving a reimbursement: Yes No (if no please submit a W-9)

Department:

Department Contact (Name, Email, Phone):

Signature: _____

Date: _____

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