OSRAP 1
(1/98)

PAYEE VENDOR UPDATE

PRINT OR TYPE ALL ENTRIES–ONE CHARACTER PER SPACE.

OSRAP – DATE PROCESSED

VENDOR CODE

ACTION 1 = INACTIVATE 2 = CHANGE 3 = REACTIVATE

VENDOR INFORMATION

NAME (30)

☐ NAME CHANGE

NAME 2 (30)

ADDRESS (25)

ADDRESS 2 (25)

CITY (15) STATE ZIP CODE – PARISH COUNTRY

CONTACT (30) CONTACT PHONE NUMBER AND EXTENSION – –

REMIT TO SECTION

ADDRESS (25)

ADDRESS 2 (25)

CITY (15) STATE ZIP CODE – PARISH COUNTRY

CONTACT (30) CONTACT PHONE NUMBER AND EXTENSION – –

FEIN / SSAN

PRIMARY VENDOR INC Y = YES N = NO

1099 VENDOR IND Y = YES N = NO

MASTER VENDOR IND Y = YES N = NO

BACKUP WITHOLDING Y = YES N = NO

PREVENT DELETION Y = YES N = NO

TOLL FREE NUMBER – –

FAX NUMBER – –

EDI MAILBOX ADDRESS

REASON FOR CHANGE (REQUIRED ON ALL CHANGE TYPES)

REQUESTING AGENCY

AGENCY NAME

AGENCY CONTACT NAME

AGENCY CONTACT PHONE NUMBER / FAX NUMBER ( ) – EXT.

PREPARED BY	TITLE	DATE
APPROVED BY	TITLE	DATE
OFFICE OF STATE PURCHASING ☐	TITLE	DATE
OFFICE OF CONTRACTUAL REVIEW ☐	TITLE	DATE
OFFICE OF STATEWIDE REPORTING AND ACCOUNTING POLICY ☒	TITLE	DATE