



Employee Vendor Record Request

Please Print or Type

*** REQUIRED FIELD**

Questions? Contact DOA.DOF.Vendor.HelpDesk@alaska.gov or (907) 465-5555

DATE OF REQUEST _____

EMPLOYEE TYPE *

EMPLOYEE **BOARD MEMBER**

TYPE OF REQUEST *

INITIAL SET-UP **ADDRESS CHANGE**

IMPORTANT

Before submitting this form, please search VCUST in IRIS to ensure the employee doesn't already have a vendor record on file. This form should be filled out only for State of Alaska employees or board members who are expecting ongoing non-tax reportable travel or other reimbursements from the State of Alaska.

If you are expecting a one time payment, you may not need to submit this form. Instead, your agency may use your department's miscellaneous vendor code to make payments. Please contact your [Finance Officer](#) for questions if you are not sure what type of payments the employee will be receiving.

EMPLOYEE INFORMATION

EMPLOYEE LEGAL NAME *

EMPL ID NUM *

AGENCY *

ELECTRONIC PAYMENT OPTION

I would like my reimbursements to be paid via electronic fund transfer (EFT).

If selected, the completion and submission of the [Electronic Payment Agreement Form for State Employees](#) is required. You may submit this form and the [Electronic Payment Agreement Form for State Employees](#) together to the Vendor Help Desk.

CONTACT INFORMATION

PHONE *

EMAIL ADDRESS

NOTE: This address will be used for payment notifications only if employee is setup for EFT payments.

PERSONAL MAILING ADDRESS

ADDRESS LINE 1 *

ADDRESS LINE 2

CITY *

STATE *

ZIP *

Please allow 3-5 business days for this request to be completed.

Submit form to the Division of Finance Vendor Help Desk

Email: DOA.DOF.Vendor.HelpDesk@alaska.gov