			SUPPLII hange Re BUSINESS or II	quest	.)	SUPPLY CHAIN MANAGEMENT	
	To be	e completed by an em	ployee or ind	ividual af	filiated with the	University only	
ALL MANE	DATORY FIELDS	ARE MARKED WITH AN *	IF THEY ARE NO	T POPULAT	ED THE FORM WIL	L NOT BE PROCESSED	
* Entity:	Busines	s Individual	CHOOSE ONLY O	NE (Please f	ill in the corresponding	information for either Business <u>or</u> Individual)	
	Curr	ent Supplier/Non-Emp	oyee (Individu	al) Inform	ation: * Supplie	r #	
Full Name of Busin	ess Supplier:						
Last name of Non-Employee Supplier:			First name of Non-Employee Supplier:				
Mailing Address:	* Street #:	* Street Name:			* Street Suffix:	Street Direction:	
Uni	it/Bay#:	Bldg Name:		Flr #:	* City:	* Province/State:	
* Country:		* Posta	al/Zip Code:		International Province/State:		
* Telepl	hone #:	Ext:	Cell#:				
* Email Address:							
	Upd	ated Supplier/Individua	al Information:				
To ensure the				fields that h	ave changed (note	: more than one field can be populated)	
	Name Char	ige: Address (Change:	Email C	hange:	Other:	
Comment:							
Full Name of Busi	ness Supplier	:					
Last Name of Indiv	r:	First Name of Individual Supplier:					
Mailing Address:							
Street #	# :	Street Name:		Street	Suffix:	Street Direction:	
Unit/Bay #	Building Name:			C	ity:	Province/State:	
Country	try: Postal Cod		:	International Province/State:			
Telephone #	# :	Cell #:					
Email Address	:		Seco	ondary Ema	il Address:		
		Unive	rsity of Calgary	initiator co	ontact information		
* Name of Requesto	or:		*	* Email address of requestor:			
Departmen	nt:					Date:	
Email comp	leted form (requ	ired) and supporting docu	mentation (invoid	ce or email ı	equest from suppli	er) to uofcsuppliers@ucalgary.ca.	

Note: for supplier updates not listed on this form (payment method, etc.) email the request to uofcsuppliers@ucalgary.ca