Add New Supplier:	New Supplier Name:			
Update Supplier:	Supplier ID:	Supp	olier Name:	
Payment Type:	One-Time: Re	gular:		
Reason for Paymer	nt:			
Garnishment:	Child Support:	Bankruptcy:	State/Fed Levy:	
Reason for Paymer	nt (continued) W9 and T	ax ID Required:		
Craft Testing:	Death Benefits:	Death Payment (\	Vages or Vacation):	
Payment Method:				
Check:	ACH: (Attach Sign	ned Form)		
Payee Information	: (If Payee is an Estate, p	lease add the C/O on	Address Line 1)	
Name:				
Additional Name: _				
Address 1:				
Address 2:				
City:		Sta	ite:Zi	p:
Province/Country:				
Comments:				
Popofite and Dawn	II Accounting Approval:			