



### Supporting Employment Empowerment (SEE) Program Vendor Set-up Information

Business Name: \_\_\_\_\_

Doing Business As (dba): \_\_\_\_\_

Type of Business: (e.g. Retail, Service, etc.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Payee Name: \_\_\_\_\_

Remittance Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Federal Tax#: \_\_\_\_\_ State Tax#: \_\_\_\_\_

Authorized Payroll Personnel Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>DHS USE ONLY</b>	
Date Rec'd: _____	Confirmed By: _____
Date Sent to FMO: _____	