



UNIVERSITY OF  
**SOUTH CAROLINA**

**Employee/Student Supplier Form**

**Legal Name:** \_\_\_\_\_

Mailing Address line 1: \_\_\_\_\_

Mailing Address line 2: \_\_\_\_\_

City, State & Postal Code: \_\_\_\_\_

USC ID (Do not use SSN): \_\_\_\_\_

Employee  Student

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

Telephone: \_\_\_\_\_

**Is Employee/Student receiving a reimbursement:** Yes  No  (if no please submit a W-9)

**Department:**

Department Contact (Name, Email, Phone):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please email this Employee/Student Supplier Form to [APSupplr@mailbox.sc.edu](mailto:APSupplr@mailbox.sc.edu).