

SCSU Contract Information Sheet For Filling Out a PR-1400

Organization or Account Information:

Date: _____

Account Number: _____ Object Code: _____

Club or Organization Contact: _____

Telephone Number: _____ E-mail Address: _____

Vendor Information:

Name & Address of Vendor: _____

Individual needs Social Security Number or company needs Federal Tax I.D. Number: _____

Minnesota Tax I.D. Number: _____

Vendor Phone Number: _____

Date & Time of Event: _____

Location of Event: _____ Rain site: _____

Description of Event:: _____

Equipment Vendor Providing: _____

Equipment University Providing: _____

Make Check Payable To: _____

Payment Amount: _____