



## Check Request

Amount:

Date Needed:

Date Prepared:

Payee Name:

Address:

City:

State:

Zip Code:

Phone #:

**New Supplier Information**

Federal Tax ID #:

Fax #:

Check appropriate box: ☐ Individual ☐ Corporation ☐ Partnership ☐ Government Agency ☐ Foreign

Justification: openSUSE Travel support: Participation in events representing openSUSE - Reimburs.

Preparer: Katrin Murr  
(please print)

Extension:

Mail Stop: NUE

Preparer's Signature

Manager's Signature

Cost Center #: SUDE 67160

Manager's Name: Roland Haidl  
(please print)

Account #:

Purchase Order #:

Date:

Alternative to cheque: Bank transfer (see attached reimbursement form for details)

\* Check delivery options:

- ☐ Mail check only
- ☐ Mail with attached documentation
- ☐ Express Mail

VP Signature (if required)

VP Name (please print)

Charge to cost center #:

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



## Supplier Setup & Maintenance Form

INSTRUCTIONS:		INVOICING REQUIREMENTS:	
1. Complete all sections as applicable to business & country requirements.		1. PO number must be issued prior to delivery of goods or services.	
2. Required fields are indicated with *		2. Send original invoice to address on PO, or as per requestor instructions	
3. You must type your responses. Illegible applications will be returned to the requestor.		3. PO invoices must have the PO printed on the invoice.	
4. Send completed form to designated contact below.		4. Non-PO invoices must include Cost Center, Internal Contact's name and phone no.	
		5. Standard payment terms Net 30 days.	
RETURN FORM TO (Internal Use)			
EMEA Accounts Payable <a href="mailto:SSC-EMEA@novell.com">SSC-EMEA@novell.com</a>		Purchase Order Terms & Conditions	
EMEA Purchasing <a href="mailto:Purchasing@microfocus.com">Purchasing@microfocus.com</a>		<a href="http://www.microfocus.com/PO_TC">www.microfocus.com/PO_TC</a>	
or Fax to: 353 1 605 8007		Internal Contact Name:	
Vendor Master Data		2117 SUSE LINUX GmbH (Germany)	
<i>Master Data will match Tax Form: please complete in it's entirety by typing information in all CAPS</i>			
Sec 1			
Name: <input type="text"/>			
Bus Name (if different) <input type="text"/>			
Search Term 1: <input type="text"/> Search Term 2: <input type="text"/>			
Sec 2			
Street Name: <input type="text"/> <input type="text"/> Street # <input type="text"/>			
Street Name 2: <input type="text"/>			
Postal Code: <input type="text"/> City: <input type="text"/>			
Country <input type="text"/> STATE: <input type="text"/>			
Sec 3			
Telephone: <input type="text"/>			
Fax: <input type="text"/>			
Net Terms: <input type="text"/> Net 30			
Payment Method: <input type="text"/> EFT			
Taxpayer ID: <input type="text"/> (eg VAT #)			
Currency: <input type="text"/>			
Vendor Contact Name: <input type="text"/>			
Vendor Contact Email: <input type="text"/>			
(purchase orders will be sent to this email)			
Subject to VAT <input type="text"/>			
Company Reg. No. <input type="text"/>			
EFT BANKING INFORMATION (for payment remittance)			
Sec 4			
Bank Name: <input type="text"/>			
Routing code: <input type="text"/>			
Bank Address: <input type="text"/>			
(provide complete physical address w/postal code & country information)			
Bank Account #: <input type="text"/>			
Bank Branch Code/Sort Code: <input type="text"/>			
SWIFT: <input type="text"/>			
Account Name: <input type="text"/>			
IBAN: <input type="text"/>			
BSB: <input type="text"/>			
Email 1: <input type="text"/> for EFT payment notifications			
Email 2: <input type="text"/> for EFT payment notifications			
Currency: <input type="text"/>			
INTERNAL ACCOUNTING USE ONLY			
<input type="checkbox"/> Vendor Name Verification (Not currently in ERP)			
Entered By: <input type="text"/>			
<input type="checkbox"/> TIN Match Done by:			
Date: <input type="text"/>			
Notes: <input type="text"/>			
Company code: <input type="text"/> Master/Payee #: <input type="text"/>			
(purchasing)			
New/Update? <input type="text"/>			
Extend Master/Payee to Co Code <input type="text"/>			