



# Broward County Public Schools

PROCUREMENT & WAREHOUSING SERVICES DEPARTMENT

## DIRECT DEPOSIT FOR MILEAGE AND TRAVEL REIMBURSEMENT

**NEW VENDOR**
 **UPDATE EXISTING INFORMATION**
**VENDOR #:** \_\_\_\_\_

**Employee Address/Phone/Etc.**

*Important: Enter Employee name exactly as it appears on Employee Records*

Employee Name: \_\_\_\_\_

Street/House Number: \_\_\_\_\_

City/ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

**E-mail Address** (for confirmation): \_\_\_\_\_

**Accounting Information**

(THIS FIELD IS REQUIRED)

**PERSONNEL NUMBER:** \_\_\_\_\_

**\*\*\*\*\* A VOIDED CHECK MUST BE SUBMITTED WITH THIS FORM \*\*\*\*\***

**(VOIDED CHECKS CAN BE SCANNED AND SENT BY EMAIL TO >> KIMBERLY L. BROWN IN PURCHASING) The**

undersigned certifies that the information provided is current and complete:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please cancel my Direct Deposit set up, I now prefer to receive checks.

**FOR USE BY PROCUREMENT & WAREHOUSING SERVICES ONLY**

**ACCOUNT TYPE:**

ZEMP

VT8- Employee ACH

**PAYMENT METHOD: T: ACH**

**DSG CLERK:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_