



New Item/Vendor Request Form

Instructions: Please complete the section related to your request below to the best of your ability. If you have any questions, please reach out to AP or Finance. Once completed, please send your form and any additional documentation to AP.Invoices@SunHealth.org.

New Item Request

Use this area to fill out a request for a new item to be added into NetSuite.

Item Name: _____

Expense Account: _____

Department Approval: _____

Finance Approval: _____

New Vendor Request

Use this area to fill out a request for a new vendor to be added into NetSuite. **Please also attach a W-9 for the new vendor with this request.**

Vendor Name: _____

Vendor Address: _____

Description of Service Provided: _____

Vendor Terms (***Required** – If no vendor term is provided, we will pay per Net 30 term): _____

Department Approval: _____

Finance Approval: _____

FOR FINANCE USE ONLY

Received Date: _____

Received Individual: _____