

Form 1099 Reprint Request

Vendor Name _____

Vendor Address _____

Signature _____ Date ____/____/____

Is the form to be: () picked up () mailed () faxed () emailed

Mailing Address/Email Address _____

Phone number (_____) _____ - _____

Fax number (_____) _____ - _____

Reason for request (lost original, never received, incorrect amounts, etc.) _____

Office use only

Received by

Date

Sent to student

Date

Please return the completed form to the Office of Accounting or email to accounting@utpb.edu.