

Complete form, SIGN, and submit to Accounts Payable.

STUDENT/EMPLOYEE CHANGE OF ADDRESS FOR ACCOUNTS PAYABLE

Return *SIGNED* form to:

Montana State University
Accounts Payable
920 Technology Blvd., Suite A
PO Box 172480
Bozeman, MT 59717-2480

Or email to accountspayable@montana.edu

Last 4 digits of your GID:

• _____

Employee Name:

(Please Print Clearly!)

• _____

Last Name

First Name

Middle Name

Former Address:

(Please Print Clearly!)

• _____

Former Street Address

• _____

City

State

Zip Code

Country

New Address:

(Please Print Clearly!)

• _____

New Street Address

• _____

City

State

Zip Code

Country

New Phone Number

I authorize the above change of address to be used by the following type(s) of address (es):

Vendor Address (Address printed on Accounts payable checks and 1099s)

• _____

Signature

Date