

**COMPTROLLER OF MARYLAND**  
**R\*STARS VENDOR INFORMATION**  
**CHANGE REQUEST FORM**

VENDOR NO. (MAIL CODE): \_\_\_\_\_

VENDOR NAME      OLD: \_\_\_\_\_

NEW: \_\_\_\_\_

VENDOR ADDRESS    OLD: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NEW: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER CHANGES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR CHANGE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AGENCY VENDOR COORDINATOR \_\_\_\_\_

AGENCY: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

**NOTE: SUPPORTING DOCUMENTATION MUST BE ATTACHED.**

**A PRINT OF THE 51 SCREEN WITH CHANGES NOTED MAY BE SENT IN PLACE OF  
COMPLETING THE TOP PORTION OF THIS FORM.**

**Fax to : 410-974-2309**