

Study Away Program

Anticipated Vendor List and Contact Information

Please list the vendors/providers that you anticipate will either receive payment by **wire transfer or check request** for services render during the study away program. This will help CGE and Accounts Payable determine if vendors are already in the USG accounting system or if they need to be establish as a new vendor/provider.

**Program Name** \_\_\_\_\_

**Program Director** \_\_\_\_\_

**Program Dates** \_\_\_\_\_

**Program Location(s)** \_\_\_\_\_

Vendor/Provider Name	Address	Country	Contact Person	Email	Website (if applicable)

If you need this document in an alternate format for accessibility purposes (e.g. Braille, large print, audio, etc.), please [email the Center for Global Engagement](#) or call 706-867-2858.