



VALPARAISO
UNIVERSITY

Routing Form

Certificate of Insurance

Return this form and Certificate to:
The Office of the Vice President for Administration & Finance
Attention: Louise Poracky
Kretzmann Hall

Date: _____

Vendor Name: _____

Vendor Phone: _____ Vendor Fax: _____

Service Provided: _____

Frequency of Service Provided: ___ Ongoing/Annual ___ Sporadic ___ One Time

Name of person submitting this form: _____

Department: _____

Phone: _____

Name of Departmental Contact Person (if different from above):

Department: _____ Phone: _____