

**THE STATE OF KANSAS  
VENDOR NON-ACCEPTANCE FORM**

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Agency: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Department: \_\_\_\_\_

Vendor Information:

State Vendor #: \_\_\_\_\_  
(If known)

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Would you use this vendor more often if they DID accept the Procurement Card?

Yes\_\_\_ No\_\_\_

What is the value of the order you WOULD have placed? \_\_\_\_\_

Comments: \_\_\_\_\_

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Instructions: Cardholders who encounter vendors that will not accept the State of Kansas Business Procurement Card should fill out the information requested above and fax the Completed form to: BPC Administrator (588-1102).