VENDOR FILE ADD/CHANGE/DELETE NOTIFICATION
(FOR INTEGRATED ACCOUNT PAYABLE SYSTEM)

SRAN: _____ **RID:** OGR

NAME: VA Service and Distribution Center (901A)

ADDR: P.O. Box 7005

CITY: Hines

STATE/COUNTRY: IL **ZIP CODE:** 60141

ADD: XX **CHANGE:** _____ **DELETE:** _____