

District Office
Vendor Approved
Vendor Denied
Vendor Entered
W9 Requested



VENDOR REQUEST

DATE OF REQUEST: _____

NAME OF EMPLOYEE REQUESTING VENDOR: _____

EMPLOYEE NEEDS TO REQUEST W-9 FROM VENDOR

BUILDING: _____

WHY REQUESTING NEW VENDOR? _____

CAN AN EXISTING VENDOR PROVIDE THIS PRODUCT OR SERVICE? YES NO

NAME OF VENDOR: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE: _____ FAX: _____

WEBSITE: _____

CHECK VENDOR TYPE:

Goods & Materials

Scholarship Recipient

Technology

Sports Official

Reimbursement/Refund

Other _____

*ALL NEW SUPPLY VENDORS NEED TO ACCEPT PURCHASE ORDERS.
SPECIAL APPROVAL BY DISTRICT OFFICE WILL BE REQUIRED FOR
VENDORS NOT ACCEPTING PURCHASE ORDERS.
PLEASE TRY TO USE EXISTING VENDORS WHEN POSSIBLE.*

Building Administrator's Signature