

IN-DISTRICT VENDOR REQUEST

(Must be completed by a district employee – NOT the vendor)

Requestor:

Description of Purchase:

*Does vendor accept Purchase Orders? Yes No

*Can an existing vendor provide this product or service? Yes No

Vendor Name:

Address:

City, State, Zip:

School/University Affiliation, if any:

Phone:

Fax:

E-mail:

Contact Person:

SSN/EIN #:

Payment Address:

Payee Name:

Address:

City, State, Zip:

Order Address:

Address:

City, State, Zip:

Check Vendor Type: (check all that apply)

Goods & Materials*

Scholarship Recipient

Services*

Sports Official

Technology*

District Employee Location:

Reimbursement/Refund:

Other

District Employee

Parent

Student Account

***All new outside vendors for goods or services need to accept purchase orders. Special approval by Business Office Director or Asst. Director will be required for vendors who do not accept purchase orders. Please use existing vendors when possible.**