NEW VENDOR MAINTENANCE FORM

This form must be completed and turned in to the high school bookkeeper BEFORE a Purchase Order will be issued.

NAME:			Gircle Y or N for each item below:	
MAILING ADDRESS:			Local Vendor:	Y N
CITY:	STATE	ZIP:	Minority Vendor:	Y N
01111	OTATE	<u> </u>	Is Vendor incorporated?	
CONTACT NAME:	20 h a	4		
TELEPHONE NO: ()				
FAX NO: ()				
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NAME:	<u> </u>		Circle Y or N for each item below:	
MAILING ADDRESS:	1. 2		— Local Vendor:	Y N
CITY:	STATE:	ZIP:	Minority Vendor:	Y N
CONTACT NAME:		10 12 46 L	Is Vendor incorporated?	
TELEPHONE NO: ()	Ĭ š a		<u> </u>	
FAX NO: ()				

Must have a copy of the EIN (Employer Identification Number) certificate OR, if no EIN, a copy of vendor's Social Security card. The copy of the EIN certificate or SSN card must be on file with the bookkeeper BEFORE a check will be issued to the vendor. If vendor is incorporated, need a copy of incorporation certificate and EIN certificate.