

NEW VENDOR REQUEST

Out of State Vendor? (If yes, see required CA590 & CA587 forms below)

Check One Yes No

Vendor Name

Vendor Address

Remit to Address (if different than Vendor Address)

Vendor Contact Name

Vendor Phone #

***Vendor E-mail** (POs will be sent via E-mail)

Requesters Name:

Requesters School Site or Department:

VENDOR INFORMATION

Is this Vendor a: **Check One**

Current employee
 Contracted employee
 Other

Vendor used for **Check One**

Materials, Supplies, Books
 Refund
 Repairs, Labor
 Construction
 Settlement
 Lawyers/Attorneys fees
 Medical (counseling, speech, testing)
 Service Agreement
 Training
 OTHER:

REQUIRED FORMS

Check the forms submitted:

W-9 required for all vendors

Out of State Service Agreements Only:

[CA 590 for Out of State Vendors](#)
 [CA 587 for Out of State Vendors](#)

Business Services Use Only

1099? Yes No
 IND? Yes No

Approved _____

Description of vendors duties/services: