

Vendor Request Form

Requested By:

LYNN FRATANGELO

Date:

08/09/17

NOTE:

This form has to be submitted to Jo Leach, x3504, by email (djleach@jeffersonisd.org), paper, or fax (903-665-7367) along with a completed W-9 and either a printout documenting their membership in one of the Purchasing Coops listed below or a sole source letter before a vendor can be approved and setup in the computer system. No purchase or disbursement can be made before approval and setup.

Please fill in ALL REQUIRED information to speed up the approval and entry process for this vendor.

You will be notified by e-mail when the vendor has been approved and input into the system.

Purpose for using a New Vendor:

REIMBURSE OVERPAYMENT FOR COLLEGE TUITION

VENDOR INFORMATION

MARK ONE:

Region VII

TIPS

PACE

Sole Source

Other

Vendor Name:

BILLY HUMPHREY

Company Tax ID/EIN/SSN:

Vendor Address:

Street No./Name:

P. O. Box:

City:

State:

Zip Code:

+4:

Numbers:

Telephone:

Extension:

Fax:

PO Fax:

Other Information:

E-mail:

(i.e. johns@mycompany.com)

Website:

(http://www.mywebsite.com)