

New Vendor Request

Revised: November 2017

Prior to Glenbrook High School District 225 processing a payment for goods and/or services, a New Vendor Request form must be completed and submitted to the Business Services department. Completed forms provide the necessary information for use internally by District personnel, as well as for federal and state reporting purposes.

Vendor Information		
Type of Vendor:		
Name:		
Phone Number:	Fax Number:	
E-Mail (Used for PO Submissions):		
Business Classification (if applicable)*:		
	05 ILCS 5/10-17), schools are required to publish an an cry (e.g. Cook County, State of Illinois) in accordance w	nnual report identifying the total number of contracts awarded to minority, female or disabled with the definitions provided in 30 ILCS 575/2.
Mailing Address		
Street Address:		
City:	State:	Zip Code:
Remittance Mailing Addre	ss (if different than above)	-
Street Address:		
City:	State:	Zip Code:
Tax Payer Identification		
This section does not need to be completed if a W-9 form is attached. Please refer to IRS form W-9 for guidance if necessary.		
Types of Goods and/or Services Offered:		
Tax Classification:	ndividual/Sole Proprietor or sing	gle-member LLC C - Corporation S - Corporation
P	- Partnership Trust/Estate	Limited Liability Company (Insert Type):
По	other:	
Federal Tax ID Number: or Social Security Number:		
Payment Processing Instructions		
Would you like to sign-up for electronic payments (ACH)?		
Approval		
Under penalties of perjury, I certify that the information provided on this form is complete and accurate. I understand that this information will be utilized for local, federal, and state reporting purposes. I further certify that I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.		
Printed Name of Authorized Representative	e:	
Signature:		Date: