

Dillon County School District 3 : Latta

Vendor Request Form

Date: _____

Please add the following vendor to the accounting maintenance files if approved:

Vendor Name: _____

Phone Number: _____ Fax Number: _____

Email address: _____

Website: _____

If applicable:

Will this vendor accept a PO? () Yes () No

Federal Tax ID#/SS#: _____

W9 attached: () Yes () No

Address:	

Street	

Street	

City	
_____	_____
State	Zip Code

Remit payment to:	

Street	

Street	

City	
_____	_____
State	Zip Code

Requested by: _____ LES () LMS () LHS ()

Justification:

Finance Department Use Only:

Approved () Denied ()

New Vendor #: _____