

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: _____ DO () LES () LMS () LHS ()

Justification: _____

Finance Department Use Only:

Approved () Denied () _____
Date Fiscal Services Signature

New Vendor #: _____ Vendor's registration expires _____
____ Vendor not registered with Sam.gov