

Vendor Application Form

Check all that apply

- New Vendor
- Change Vendor
- Sole Source (District Sole Source Affidavit)
- Board Approved (Attach Board Approval)
- Bid Approved (Bid # _____)

Requestor Information

School/ Dept. _____

Phone/Ext. _____

Date Form Submitted _____

Date of Services Rendered _____

Vendor Information

Name _____ Services Provided _____

Vendor Category:

- | | | |
|--|---|---|
| <input type="checkbox"/> Board Members | <input type="checkbox"/> Hotel | <input type="checkbox"/> Restaurant/ Catering |
| <input type="checkbox"/> Conference/ Seminar | <input type="checkbox"/> Independent (Daycare, Flowers, Medical, Rentals, etc.) | <input type="checkbox"/> School/University |
| <input type="checkbox"/> Consultant (Complete Package) | <input type="checkbox"/> Official | <input type="checkbox"/> Student |
| <input type="checkbox"/> Employee (I.D. # _____) | <input type="checkbox"/> Parent | <input type="checkbox"/> Tutors |
| <input type="checkbox"/> Government Agency | | <input type="checkbox"/> Other _____ |

For Business Office Use Only

Approval: Yes _____	No _____	Initials _____
Vendor # _____	Date Entered _____	Initials _____