



Lodi Unified School District

Domestic* New Vendor Request Form

New Vendor

Existing Vendor Information Change

Vendor/Contractor Information

Vendor/Contractor Name:

Contact (Representative) Name:

Address:

Email Address:

City State Zip Phone No:

--	--	--	--

Website:

Billing/Payment Information

Vendor/Contractor Remit Name:

Contact (Representative) Name for Invoice Inquiries:

Remit Address:

Email Address:

City State Zip Phone No:

--	--	--	--

Website:

Additional Information

Submitted by:

Title:

Date:

*Domestic vendors only. For all international vendors including Canada, contact Accounts Payable Supervisor for prior approval.

Attach completed form with W-9 to requisition in QSS