

# 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 _____

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