



MADISON LOCAL SCHOOLS NEW VENDOR FORM

PLEASE SUBMIT A CURRENT W-9 FORM WITH THIS REQUEST

Vendor Name: _____ (from W-9)
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Contact Person: _____
Email: _____
Vendor Federal Tax ID#: _____ OR
Social Security Number : _____

REMIT TO ADDRESS (if different than above address)

Address: _____
City: _____ State: _____ Zip Code: _____

Send this form to Debbie Sanford at the BOE or email to Debbie.Sanford@madisonschools.net

For any questions, please call 440-428-9323.

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INTERNAL USE ONLY

Requested by: _____
Date of Request: _____
Assigned Vendor Number: _____
Accounts Payable: _____
Date: _____