

ARDSLEY UFSD
Vendor Addition
Request

Request Made By:	Date:
School:	Phone:

Name of Vendor to be Added:		
Vendor Address:		
Vendor Phone #:	Vendor Fax:	Email:
Purpose: _____ _____		
Is this vendor on a bid list?	List Bid number:	
If the vendor is not listed on a bid, has there been competitive pricing?		
If no, why are you selecting this vendor?		
Reason for vendor selection:		

Is this a technology related purchase? If so, please obtain the following signature: Technology Hardware/Software Vendor Approval: _____ Department of Technology

Conflict of Interest/Disclosure

Please list any relationship you may have to the vendor/supplier:

Disclose any direct or indirect personal interest/transactions, you may have with the requested vendor supplier:

Requester's Signature: _____

NOTE: A completed W-9 form from the vendor must be attached to this request. Payments will not be made without a W-9 in place. Vendor must also complete 'PAYMENT AUTHORIZATION' form.

Approved by: _____