

# East Central ISD New Vendor Request Form

Name of Vendor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State / Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Contact (if applicable) \_\_\_\_\_

Brief description of why you want to purchase or contract with this vendor *(must be completed)*

\_\_\_\_\_  
\_\_\_\_\_

Coop Name \_\_\_\_\_ Coop Number \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

The above information must be completed and submitted to the ECISD Chief Financial Officer in order for the vendor account to be created in the accounts payable system. This form does not take the place of the consultant contract agreement. If this is a new consultant, the consultant contract agreement must also be completed. To expedite creating the vendor account a W-9 should be attached with this request, otherwise, the vendor account cannot be created until a W-9 form is completed by the new vendor and returned to the Business Office.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Chief Financial Officer*

\_\_\_\_\_  
*Following is to be completed by Business Office*

1. Conflict of Interest Questionnaire (date sent) \_\_\_\_\_ (date received) \_\_\_\_\_

2. W-9 (date received) \_\_\_\_\_ Vendor # \_\_\_\_\_ (date/initial) \_\_\_\_\_  
\_\_\_\_\_