

**Kerrville Independent School District**

**REQUEST TO ADD VENDOR**

TO: **Business Office**

From: \_\_\_\_\_  
Campus: \_\_\_\_\_  
Date: \_\_\_\_\_

Phone: 257-2200 ext. 225

FAX: 257-2248

**Please add New Vendor:**

Vendor is:  Sole Source or  Three Quotes Attached

Vendor will provide professional services:  Yes  No

If yes, provide vendor Tax ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Reason:**

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

\*Vendor addition is subject to Business Office approval.

\*Vendors will not be added without a full name and zip code, and need to be neatly printed or typed.

\*Vendors providing professional services should be paid out of a professional services budget account (Object 6219), and will be added to the vendor list only if tax identification is provided.