

Ben Hill County Board of Education

PCG Request for New Vendor

Vendor Number:

Vendor Name:

Sequence Key:

Address 1:

Address 2:

City: State: Zip:

Remit to:

Address:

City: State: Zip:

* Phone: Contact:

Fax:

* Email:

Fed Id: Fed W9 Required: Fed LLC Type:

SSN/Fed Id:

Emp #:

1099 Required: State of Ga Retiree:

Name Control: Everify Number:

Foreign Indicator: Date Approved:

One Item Per Check:

Memo:

*Required

Requestor Signature & Date:

Admin. Signature & Date:

Entry Processed by Signature & Date: