

Barnwell County

SCHOOL DISTRICT

VENDOR REQUEST FORM

DATE OF REQUEST: _____

SUBMITTED BY: _____

VENDOR NAME: _____

VENDOR NUMBER: _____

ADDRESS: _____

TELEPHONE #: _____

FAX #: _____

ACH INFORMATION: BANKING NAME: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER _____

EPAYMENT EMAIL ADDRESS _____

*W-9 ATTACHED _____

*TYPE OF SERVICE BEING PROVIDED: _____

Please Indicate:

NEW VENDOR

CHANGE TO CURRENT VENDOR (NAME, ADDRESS, ETC.)

DISTRICT FINANCE OFFICE APPROVAL: _____