

BRIARCLIFF MANOR UNION FREE SCHOOL DISTRICT

45 Ingham Road * Briarcliff Manor, NY 10510

Phone: 914-432-8074 Fax: 914-941-2565

VENDOR ADDITION REQUEST

Date _____

Request made by _____

School _____ Phone # _____

Name of Vendor to be Added: _____

Vendor Address: _____

Phone #: _____ Fax #: _____

Purpose: _____

Is this vendor on a bid list? _____ List bid # _____

If the vendor is not listed on a bid, has there been competitive pricing? _____

If no, why are you selecting this vendor? _____

Has the Director of Technology reviewed your Vendor Addition Form? (For technology related vendor additions, the Director of Technology should review this form prior to submission)

Yes

No (explain)

Not Applicable (vendor not providing technology related services)

CONFLICT OF INTEREST / DISCLOSURE

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

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

Requestors Signature _____

BUSINESS OFFICE ONLY

Date W9 Sent _____ Received _____ TIN entered _____

Approved by _____