


NORTH SALEM
Central School District
VENDOR ADDITION REQUEST

Date: _____ Request made by: _____

School & Department: _____ Phone No. _____

Name of Vendor to be added: _____

Vendor Address: Street _____ City: _____

State: _____ Zip Code: _____ Phone No. _____

Fax No. _____ Website: _____

Contact name: _____ email address: _____

Purpose: _____

Ed Law 2d verification: (circle one) Yes No Verified by: _____

Is this vendor on state contract? (circle one) Yes (state contract no. _____) No

Was this vendor awarded a bid or RFP by the BOE? (circle one) Yes No

If yes, bid or RFP no. _____ BOE Award Date _____

If no, has there been competitive pricing? (circle one) Yes No

If no, why are you selecting this vendor? _____

CONFLICT OF INTEREST DISCLOSURE

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

Are you receiving an incentive or complimentary merchandise for using this vendor? (Y/N) _____

If yes, please explain: _____

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

Requestors Signature: _____

BUSINESS OFFICE ONLY

Date W9 Rec'd _____ Approved by: _____