

District Use Only	
Please Check One:	
General Fund:	_____
Activity Fund:	_____
Club Fund:	_____

Coldspring-Oakhurst CISD Vendor Information Form

Vendor Name: _____

Sales Representative & Phone Number: _____

Address: _____ Remit to Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Email: _____

(Email address must be an address where Purchase Orders can be sent) Website:

What Coldspring-Oakhurst CISD Campus/Department has requested your services?

Name of Coldspring-Oakhurst CISD contact:

List any Purchasing Cooperatives that your company is a member of:

Each vendor must complete a W-9, CIQ and Commodity Check List (if applicable).

If vendor will be physically on a campus the vendor must complete a Certification of Criminal History Record Information Sheet. **Vendors with direct/unsupervised contact with students must complete SB9 Fingerprinting Requirements.**

For COCISD Purchasing Department use only:

If a Sole Source vendor, attach a completed Sole Source Affidavit. (Original Copy & Notarized)

Requested by: _____ Date of Approval: _____

Approved by: _____ Vendor Number: _____