RAYMONDVILLE
INDEPENDENT SCHOOL DISTRICT
419 FM 3168, Raymondville, Texas 78580
Phone: (956) 689-8175 • FAX: (956) 689-8180 – Business Office

Vendor Authorization/Change Form

Campus/ Department:_____ **Date:**_____

☐ ***New*** ☐ ***Change*** ☐ ***Student Activity Account*** ☐ ***Employee***

Vendor Name:		**Bid#/CO-OP:**
Name used by IRS		**Federal ID #:**_____ ☐ ***EIN/TIN*** ☐ ***SSN***

Type of Business

We Pay this vendor for the following (Check as many as applicable):
Section A : W-9 Required

☐ ***Consultants (#7)*** ☐ ***Repairs (#7)***
☐ ***Contract Services (#7)*** ☐ ***Rental Products/Equipment (#1)***
☐ ***Officials (#7)*** ☐ ***Other***

Section B: No W-9 Required

☐ ***Medical Payment*** ☐ ***Fees***
☐ ***Employee Reimbursement*** ☐ ***Tax Refund***

Reason:

Signature:

Purchase Order	Remit to address same as PO address ☐ Send 1099 to this address				
Name (Contact)					
Address					
City		State		Zip	
Phone		E-mail			
Fax					

Remit To	☐ Send 1099 to this address				
Contact Name (if diffrent from above)					
Address					
City		State		Zip	
Phone		E-mail			
Fax					

Business Office Use

		Date:	
Entered by:		1099 Misc.:	
		1099 NEC:	
Approved:		Tax Payment:	