

Kerrville Independent School District
REQUEST TO ADD VENDOR

TO: Kerrville ISD
Business Office
830-257-2200 Ext. 1037

Campus: _____
Date: _____
Email: _____

Please add New Vendor (Please check one):

____ Vendor is Sole Source or ____ Three Quotes Attached

Vendor will provide professional services: ____ Yes ____ No

(Please check one)

If yes, provide vendor Tax ID # _____

Vendor Name _____

Address _____

City/State _____ Zip _____

Phone # _____ Company Email _____

If Vendor **Remit to Address** is different from above, please provide.

Remit To Address: _____

Reason for adding/changing vendor: _____

*Vendor addition is subject to Business Office approval.

*Vendor will not be added without a full name and zip code.

*Vendor providing professional services should be paid out of a professional services budget account (Object 6219) and will be added to the vendor list only if tax ID is provided.