



Finance Department | Purchasing  
PO Box 660 | Galveston, TX 77553 | 409-766-5158  
[www.gisd.org](http://www.gisd.org)

To ALL Future Vendors,

Thank you for your interest in becoming a vendor for Galveston ISD. GISD requires **all vendors** to complete this vendor packet **in its entirety** and to **attach a current copy of your W-9** in order to complete the Vendor Set-up process. Under Federal Regulation, GISD is required to maintain a Taxpayer Identification Number (TIN) or Social Security Number (SSN) for all vendors.

For Tax purposes, please note, GISD will use the social security number or the tax ID number that you provide on your W-9.

Vendors earning \$600.00 or more per calendar year will receive a 1099 Form.

Thank you again for your time and attention in completing this information. Should any questions arise, please do not hesitate to contact me via email at [anaescobar@gisd.org](mailto:anaescobar@gisd.org) or call (409) 766-5158.

*Ana Escobar*

Ana Escobar

**Purchasing Coordinator**

**Note:** Product Brochures and/ or catalogs should be mailed to:

Galveston ISD Business Office

ATTN: Ana Escobar Purchasing Coordinator

PO Box 660

Galveston, TX 77553



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**VENDOR INFORMATION SHEET**

Company's Name (Include DBA if applicable) \_\_\_\_\_

Check Option Below:

New

Update

Are you a 1099 Vendor:  Yes  No

Tax ID #: \_\_\_\_\_

Website Address: \_\_\_\_\_

Purchase Order Minimum, if any: \_\_\_\_\_

Payment Terms (Net 30 min): \_\_\_\_\_

Freight and/ or Shipping and Handling: \_\_\_\_\_

Principal Products/ Services Offered:  
\_\_\_\_\_  
\_\_\_\_\_

**PURCHASE ORDER INFORMATION SHEET**

Business Address  
(House #, Dir & Street): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

PO Box (if applicable): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email for Purchase orders: \_\_\_\_\_

Person of Contact: \_\_\_\_\_

**Per District's-Finance Policy, a Purchase Order must be in place prior to providing any goods or services to our District and/or any of its Campuses/Departments\*\***



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**CHECK REMITTANCE INFORMATION SHEET**  
**(Under which name GISD should Issue your payment checks)**

Name for check remittance: \_\_\_\_\_  
 Address for check remittance: \_\_\_\_\_  
 (House #, Dir & Street)  
 PO Box (if applicable): \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Person of Contact (AP Department): \_\_\_\_\_  
 AP Department's email: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

**GISD is a current member of the following Purchasing Cooperatives:**

- TASB - BuyBoard
- HCDE - Harris County Department of Education
- Omnia Partners
- DIR – Texas Department of Information Resources
- TIPS (The Interlocal Purchasing System)- Region 8
- Sourcwell – Better Public Procurement
- TexBuy Purchasing Cooperative hosted by Region 16
- Equalis Group-Cooperative Purchasing
- Region 5 Southeast Texas Cooperative Purchasing Organization
- Region 6 – Epic 6 – Educational Purchasing Interlocal Cooperative
- Region 13 – PACE
- Region 19 - Allied States Cooperative
- HGAC -Houston-Galveston Area Council
- TASB-IPA Risk Management Fund Interlocal agreement TASB Members
- 1GPA – 1 Government Procurement Alliance
- New Caney ISD – Interlocal Cooperative Purchasing SPA (School Purchase Alliance) **Child Nutrition.**

**Are you a contract holder of any of the above Cooperatives?**

Yes       No      **If yes, which one (name and contract number):** \_\_\_\_\_



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*Galveston ISD encourages all Disadvantage Business Enterprise (DBE), Historically Underutilized Business (HUB), as well as Women & Minority Owned Business vendors, to participate in our Solicitations. If your firm identifies with any of the following, please check all that apply:*

- Women-owned
- Native American-owned
- Veteran-owned
- LGBT-owned
- Rural
- Minority-owned
- People with disabilities
- Locally owned
- Other: \_\_\_\_\_



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### **CONFLICT OF INTEREST DISCLOSURE**

The following is issued in accordance with State Law and GISD Board Policy. Failure to make disclosure shall be grounds for termination of any Contract, Agreement or Business with the said vendor or proposer.

1. The undersigned states that he/she nor the company listed herein has never had or does not have a business relationship with a Board member, member of the Administration or a member of the Staff of Galveston Independent School District regardless of the nature or amount.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**OR**

2. The undersigned states that he/she and/or the company listed herein has had or does have a business relationship with a member of the Board, Administration or Staff of Galveston Independent School District regardless of the nature or amount.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

If you answered **YES** to (2) above, the Conflict-of-Interest questionnaire (Form CIQ) must also be completed. This document can be found at [www.ethics.state.tx.us](http://www.ethics.state.tx.us)