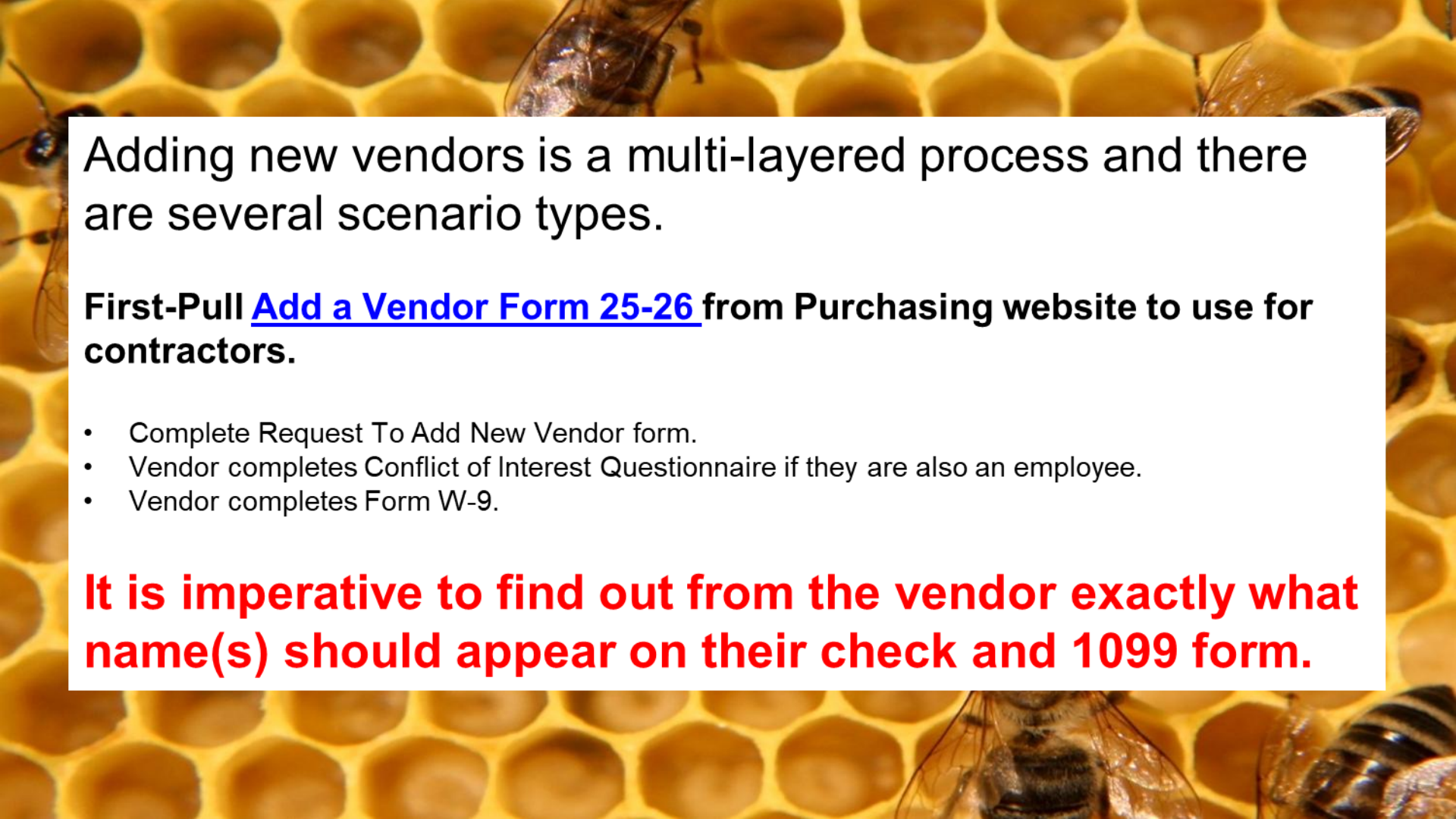




**Growing the
Hive**

**A Guide to
Creating Vendor
Requests**

A close-up photograph of several bees working on a golden honeycomb. The bees are positioned around the hexagonal cells, with some showing their wings and legs. The lighting is warm, highlighting the texture of the honeycomb and the details of the bees.

Adding new vendors is a multi-layered process and there are several scenario types.

First-Pull [Add a Vendor Form 25-26](#) from Purchasing website to use for contractors.

- Complete Request To Add New Vendor form.
- Vendor completes Conflict of Interest Questionnaire if they are also an employee.
- Vendor completes Form W-9.

It is imperative to find out from the vendor exactly what name(s) should appear on their check and 1099 form.

REQUEST TO ADD NEW VENDOR

Requested by:

Date:

Is this an approved Vendor:

Please refer to the Approved Vendor List on the Purchasing page of the Internet or verify active contract through cooperative program and include contract number. Also, verify the vendor will accept Purchase Orders.

☐ Yes Bid Number:

☐ No Please enter Vendor Information below and continue to the next question.

Vendor Information:

Vendor Name (as shown on W9)	
Contact Information for Placing Orders	Address: City, State, Zip: Phone/Fax: Contact Name: Email:
Remit to Information	Address: City, State, Zip: Phone/Fax: Email:

Is this vendor a PFISD employee?

☐ Yes- *(A conflict of interest form must be filled out)*

☐ No- Please complete the remainder of this form

Is this a Contracted Service?

☐ Yes- *(If there will be interaction with students, please clear through HR and [attach documentation](#).)*

☐ No- Please complete the remainder of this form

Will any part of this expense be paid with Federal Funds?

☐ Yes- *Please contact Ana Griffiths, Director of Federal and State Programs, for specific details regarding contracts and any purchases of this type. All Federal purchases require prior approval and all contracts must be reviewed by the Director of Purchasing prior to service/purchase.*

☐ No- Please complete the remainder of this form

Are you spending less than \$10,000.00?

☐ Yes- *You do not need to complete the remainder of this form however you may be asked for quotes or further information after your requisition is entered.*

☐ No- Please complete the remainder of this form

Why would you like to use this vendor instead of an approved vendor?

☐ This vendor is less expensive than the approved sources
• Please submit quotes from this vendor and two approved vendors with this form.

☐ This vendor is the only company that can provide this product/service (Sole Source).
• Please submit a Sole Source letter from the vendor along with this form. (Current Sole Source letters can be found in the Shared File at Staff Shared Drive->IPISD Public->Finance->Purchasing->Sole Source Letters.)

☐ Other (Professional service, on a Board approved Co-op, superior quality, for Student Activity, etc.)

• Please explain: _____

- Search address to make sure it is legitimate.
- For **federal funds**- create an account at **sam.gov** to search active accounts.
Verify federal vendors.
Save documentation.

If applicable

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

Vendor (Business Name)

2 ☐ Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Employee/Board Member name

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes

☐ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes

☐ No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

Employee/Board Member

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Vendor Name

Name of signatory

Signature

Date

The following **must** be completed:

- Line 1
- Box 3a
- Box 5
- Box 6
- Part I
- Part II

Line 2 is completed if business name is different than Line 1.

If vendor is a corporation or LLC based in Texas, verify account status at [Texas Comptroller website](#). Save documentation.

W-9 Form (Rev. March 2024) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification Go to www.irs.gov/FormW9 for instructions and the latest information.		Give form to the requester. Do not send to the IRS.
Before you begin. For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.				
1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)				
2 Business name/disregarded entity name, if different from above.				
Print or type. See Specific Instructions on page 3.	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate L.C. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership). Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions)			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____			
	5 Address (number, street, and apt. or suite no.). See instructions. _____			Requester's name and address (optional) _____
6 City, state, and ZIP code _____				
7 List account number(s) here (optional) _____				
Part I Taxpayer Identification Number (TIN)				
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.				
Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number to Give the Requester</i> for guidelines on whose number to enter.				
Part II Certification				
Under penalties of perjury, I certify that:				
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and				
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and				
3. I am a U.S. citizen or other U.S. person (defined below); and				
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.				
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.				
Sign Here	Signature of U.S. person	Date		
General Instructions				
Section references are to the Internal Revenue Code unless otherwise noted.				
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9 .				
What's New				
Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.				
New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).				
Purpose of Form				
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they				

Next-Look for vendor in Skyward



ADMINISTRATIVE ACCESS

Administrative Access **Employee Access**

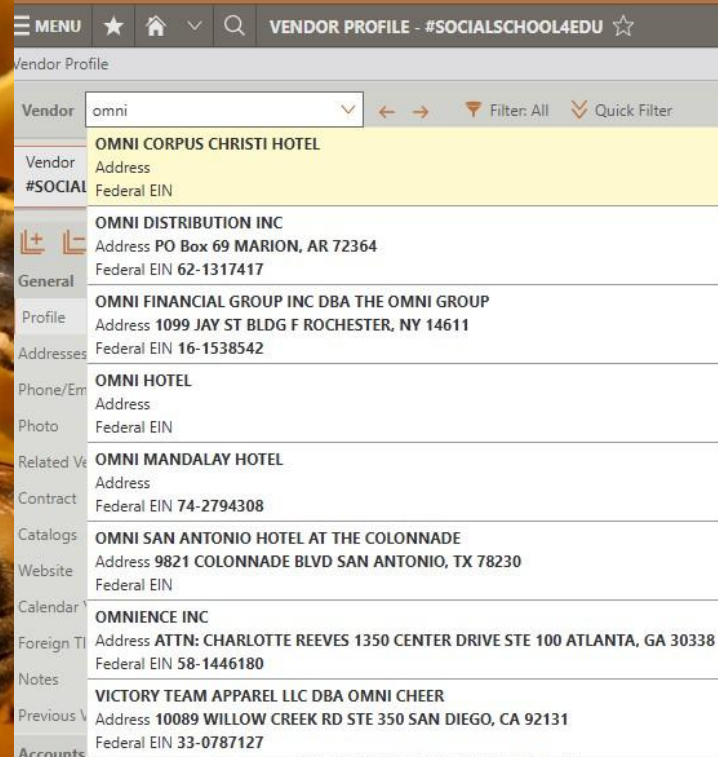
- Account
- Accounts Payable
- Asset
- Budgeting
- Demographics
- Employee
- Payroll
- Purchasing
- Reporting
- Vendor**
- Warehouse

FEATURES

- Bid List
- Import Vendors
- My Vendor Request Approvals
- Vendor List
- Vendor Profile**
- Vendor Request

REPORTS

- Approved Vendors By Bid
- Vendor Mailing Labels
- Vendor Totals



VENDOR PROFILE - #SOCIALSCHOOL4EDU

Vendor Profile

Vendor: omni

Filter: All Quick Filter

Vendor	OMNI CORPUS CHRISTI HOTEL
Address	
Federal EIN	
General	
OMNI DISTRIBUTION INC	
Address	PO Box 69 MARION, AR 72364
Federal EIN	62-1317417
Profile	
OMNI FINANCIAL GROUP INC DBA THE OMNI GROUP	
Address	1099 JAY ST BLDG F ROCHESTER, NY 14611
Federal EIN	16-1538542
Addresses	
OMNI HOTEL	
Address	
Federal EIN	
Related Vendors	
OMNI MANDALAY HOTEL	
Address	
Federal EIN	74-2794308
Catalogs	
OMNI SAN ANTONIO HOTEL AT THE COLONNADE	
Address	9821 COLONNADE BLVD SAN ANTONIO, TX 78230
Federal EIN	
Website	
Calendar	
OMNIENCE INC	
Address	ATTN: CHARLOTTE REEVES 1350 CENTER DRIVE STE 100 ATLANTA, GA 30338
Federal EIN	58-1446180
Foreign T	
Notes	
VICTORY TEAM APPAREL LLC DBA OMNI CHEER	
Address	10089 WILLOW CREEK RD STE 350 SAN DIEGO, CA 92131
Federal EIN	33-0787127
Accounts	

Does the information match what you received from the Add a Vendor packet? If not, you need to update the applicable fields. We need a new W9 if the current one is over three years old.

Time to add a new **CONTRACTOR** vendor request!

On hamburger menu choose **Vendor**, then under “Features” choose **Vendor Request**. Click Add Vendor Request near top right of the screen.

The **VENDOR REQUEST DETAILS** comes up.

Add Vendor Request
Enter Vendor Details
→ Next ⓧ Cancel

VENDOR REQUEST DETAILS

Active Vendor ☒

Name Format ☒ Person
☐ Business

*Last Name

*First Name Middle Name

SEARCH RESULTS

Search Full Name View: Skyward Default Filter: Skyward Default

	Name	Primary Address	Vendor	Name
☒ Active Vendor	#SOCIALSCHOOLAEU	N224 HEATHER LN NEW AUBURN, WI 54757	☒	Vendor
☒ Add as Vendor Request	(CUNY) Borough of Manhatta...		☐	
☒ Add as Vendor Request	(CUNY) City University of Ne...		☐	
☒ Add as Vendor Request	(CUNY) City University of Ne...		☐	
☒ Add as Vendor Request	(CUNY) City University of Ne...		☐	
☒ Add as Vendor Request	(CUNY) City University of Ne...		☐	
☒ Add as Vendor Request	(CUNY) City University of Ne...		☐	
☒ Add as Vendor Request	(CUNY) City University of Ne...		☐	
☒ Add as Vendor Request	(CUNY) City University of Ne...		☐	

Use ALL CAPS for vendor entry.

No apostrophes.

Select the correct radio button for the **Name Format**.

➡ If a person and a business is listed on W9 with a Social, list vendor as a business. Ex. Misty Hollingsworth dba BeesRUs.

For **Person**-enter Last Name, First Name and Middle Name (if supplied)

For **Business**-enter Business Name and Federal EIN (if supplied)

Next

Under **DEMOGRAPHIC INFORMATION:**

Start entering **Address**.

- This field enables you to search for existing values in the system. If you locate the address, choose **Select**.
- If your address is not in the system, select **Add Address** at the top of the box.
- Complete all required fields.
- **Save**

Enter **Phone Number**.

Enter **Email Address**.

Enter **SSN**, if applicable.

Under **VENDOR INFORMATION:**

Use **Vendor Category** dropdown to choose correct description.

Use **Form 1099 Type Default** dropdown to select **NEC NonEmployee Compensation**.

Complete **W9 Received Date** field.

Complete **SAM.gov Date Verified**, if applicable.

Use **Federal Tax Classification** dropdown to select what was marked in Box 3a of W9.

Save

Print or type.
//ic Instructions on page 3.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor ☒ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification,



Optional fields you may need:

Override Name for A/P Check is used if the check should be addressed to someone other than the vendor.

For example, if the check should be made out to the owner instead of the vendor name.

Override Name Format for 1099 is used when the vendor wants to list two names on their 1099 form. For example, the vendor may want to have their business's name and their legal name on their tax form. Use dropdown to choose the correct option.

Form1099 Name Override is used when the 1099 form should be the business owner rather than the vendor name.

Attach all applicable supporting documents:

- SAM.gov
- Comptroller
- Request to Add New Vendor form
- CIQ
- W9

Choose **Save & Submit** when completed.

PARENT vendor request

The best supporting document is the student's Skyward information. Attach to vendor request.

Necessary information is:

Parent name
Address
Phone Number
Email Address
Student Name
Student Number
Student Campus

On **VENDOR REQUEST DETAILS** page:

- Choose **Person** radio button.
- Enter Parent **Last Name, First Name** and **Middle Name** (if supplied).

Next

Under **DEMOGRAPHIC INFORMATION:**

Enter Parent **Address, Phone Number** and **Email Address**.

Under **VENDOR INFORMATION:**

- Use **Vendor Category** dropdown to select **OneTime**.
- Use **Form 1099 Type Default** dropdown to select **NEC NonEmployee Compensation**.
- In **Purchasing Contact** field, enter Student name, campus, and number.

Save

Attach documentation.

Save & Submit

PETTY CASH vendor request

On **VENDOR REQUEST DETAILS** page:

Choose **Business** radio button.

Enter “PETTY CASH –” Employee’s name. For example: PETTY CASH – MISTY HOLLINGSWORTH

Next

Under **VENDOR INFORMATION:**

- Use **Form 1099 Type Default** dropdown to select **NEC NonEmployee Compensation**.
- In **Purchasing Contact** field, enter campus and department. For example, PHS-FINE ARTS

Attach any supporting documentation.

Save & Submit

Scenario 1

REQUEST TO ADD NEW VENDOR

Requested by: Susie Que

Date: 07.15.26

Is this an approved Vendor:

Please refer to the Approved Vendor List on the Purchasing page of the Internet or cooperative program and include contract number. Also, verify the vendor will accept

☐ Yes Bid Number:

☒ No Please enter Vendor Information below and continue to the next question.

Vendor Information:

Vendor Name (as shown on W9)

Sue Bee dba Bees R Us

Contact Information for Placing Orders

Address: 111 Bee St.
City, State, Zip: Tow, TX 55555
Phone/Fax: 512.555.1212
Contact Name:
Email: sue@beesrus

Remit to Information

Address:
City, State, Zip: Same
Phone/Fax:
Email:

Is this vendor a PFISD employee?

☐ Yes- (A conflict of interest form must be filled out)

☒ No- Please complete the remainder of this form

Is this a Contracted Service?

☐ Yes- (If there will be interaction with students, please clear through HR and attach document)

☒ No- Please complete the remainder of this form

Will any part of this expense be paid with Federal Funds?

☐ Yes- Please contact Ana Griffiths, Director of Federal and State Programs, for specific details regarding any purchases of this type. All Federal purchases require prior approval and all contracts must be reviewed for service/purchase.

☒ No- Please complete the remainder of this form

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.

1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
2	Business name/disregarded entity name, if different from above.	
3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☒ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any): Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any): (Applies to accounts maintained outside the United States.)
3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions.	
5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
6	City, state, and ZIP code	
7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. See also What Name and Number To Give the Requester for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 - I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 - I am a U.S. citizen or other U.S. person (defined below); and
 - The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
- Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here Signature of
U.S. person Sue Bee

Date 07.16.26

File Home Insert Draw Design Transitions Animations Slide Show Record Review View Help Acrobat

Record

Share



Scenario 1

REQUEST TO ADD NEW VENDOR

Requested by: Susie Que Date: 07.15.26

This is an approved Vendor:

Please refer to the Approved Vendor List on the Purchasing page of the Internet or cooperative program and include contract number. Also, verify the vendor will accept.

☐ Yes Bid Number:

☒ No Please enter Vendor information below and continue to the next page.

Vendor Information:

Vendor Name (as shown on W9) Susie Bee dha Bees R Us

Contact Information for Placing Orders

Address: 111 Bee St.
City/State/Zip: Tow, TX 55555
Phone/Fax: 512.555.1212
Contact Name: susie
Email: susie@beesrus

Remit to Information

Address: Same
City/State/Zip: Same
Phone/Fax: Same
Email: Same

Is this vendor a FISO employee?

- ☐ Yes (If conflict of interest form must be filed, add)
- ☒ No Please complete the remainder of this form

Is this a Contracted Service?

- ☐ Yes (If there will be interaction with students, please clear through HR and attach documents)
- ☒ No Please complete the remainder of this form

Will any part of this expense be paid with Federal Funds?

- ☐ Yes Please contact Ann Griffith, Director of Federal and State Programs, for specific details on any purchases of this type. All federal purchases require prior approval and all contracts are awarded through the purchasing process.
- ☒ No Please complete the remainder of this form

Form W-9 Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Before you begin, for guidance related to the purpose of Form W-9, see Purpose of Form below.

1. Name of the individual (do not include a suffix) or a sole proprietor or disregarded entity, enter the name's name on line 1, and enter the business/disregarded entity's name on line 2.

2. Business name(s) and/or other name, if different from above

3. Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 2).

5. If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions.

6. City, state, and ZIP code

7. List account number(s) (none optional)

8. Taxpayer Identification Number (TIN)

9. Social security number

10. Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am acting for a number to be used to report, and

2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. This FATCA notice entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For most estate transactions, item 2 does not apply. For non-estate interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions for Part 5, line 5.

Sign Here Signature of Susie Bee Date 07.16.26

Scenario 2

REQUEST TO ADD NEW VENDOR

Requested by: Honey Bee

Date: 07.16.26

Is this an approved Vendor:

Please refer to the Approved Vendor List on the Purchasing page of the Internet or verify active contract through cooperative program and include contract number. Also, verify the vendor will accept Purchase Orders.

☐ Yes Bid Number:

☒ No Please enter Vendor information below and continue to the next question.

Vendor Information:

Vendor Name (as shown on W9)	
26 Trading Group LLC	
Contact Information for Placing Orders	Address: 206 Iberis Dr. City, State, Zip: Arlington, TX 76018 Phone/Fax: 512.555.1212 Contact Name: Email: info@26tg
Remit to Information	Address: City, State, Zip: Phone/Fax: Email:

Is this vendor a PFISD employee?

☒ Yes- (A conflict of interest form must be filled out)

☐ No- Please complete the remainder of this form

Is this a Contracted Service?

☐ Yes- (If there will be interaction with students, please clear through HR and attach documentation.)

☒ No- Please complete the remainder of this form

Will any part of this expense be paid with Federal Funds?

☒ Yes- Please contact Ana Griffiths, Director of Federal and State Programs, for specific details regarding contracts and any purchases of this type. All Federal purchases require prior approval and all contracts must be reviewed by the Director of Purchasing prior to service/purchase.

☐ No- Please complete the remainder of this form

Form W-9 (Rev. March 2024) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification Go to www.irs.gov/FormW9 for instructions and the latest information.		Give form to the requester. Do not send to the IRS.
Before you begin. For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.				
1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)				
26 Trading Group LLC				
2 Business name/disregarded entity name, if different from above.				
Print or type. See Specific Instructions on page 3.	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate			Exempt payee code (if any)
	☒ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) C Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.			Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)
	☐ Other (see instructions)			(Applies to accounts maintained outside the United States.)
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions.				
5 Address (number, street, and apt. or suite no.). See instructions.				
2621 Easom CIR APT 264				
6 City, state, and ZIP code				
Arlington, Texas 76006-4132.				
7 List account number(s) here (optional)				
Part I Taxpayer Identification Number (TIN)				
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.				
Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.				
Part II Certification				
Under penalties of perjury, I certify that:				
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and				
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and				
3. I am a U.S. citizen or other U.S. person (defined below); and				
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.				
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.				
Sign Here	Signature of U.S. person <i>Sue Bee</i>	Date		



My
Computer



Install
Software



Network
Storage



Skyward
Business



Misty (Work)
- Chrome



Recycle Bin



IP-Helper



Local Storage



Skyward
Student



AlwaysON
Connect...



Microsoft
Edge



Email
Archiver



Technology
Help



District
Online ...



Microsoft
Excel



Google Apps



GRID



gMail



Microsoft
PowerPoint



Cisco Jabber



Adobe
Creati...



Google
Chrome



Microsoft
Word



Network
Printers



Adobe
Acrobat



Scenario 3

Add a parent Trash x

Misty Hollingsworth <Misty.Hollingsworth@pflugervilleisd.net>
to me ▾

Sue Bee
512.555.1212
101 Bee St.
Pflugerville 78660
sue@beesrus
Student-Worker Bee BES #1234567

Skyward x Add a parent - Misty.Hollingsworth x + Ask Gemini -

skyward.pfisd.net/Business/Home/Administrative/Home?p=351166c4eeca47a99315cd23eb8fda91&w=01d8e37013114fe3b25f8c9dc7d04f13

Prospect Portal Home Learning Resources... Job Search PfISD Travel Guideli... PfISD PCard Guideli... Finance Procurement Per diem rates | GSA All Books

Live Business Information System Production Site

Pflugerville ISD, TX
2026-2027 (Current) ▾

MISTY HOLLINGSWORTH ▾ What's New 10 My Messages My Tasks & Processes Knowledge Hub Sign Out

MENU ADMINISTRATIVE ACCESS Reports Print Screen Compress Dock New Window

Administrative Access Layout Auto Manual Dashboard Library

Purchasing : My Purchase Order... Accounts Payable : My Invoice... Accounts Payable : My Credit Card... My Vendor Request Approvals

Scenario 4 (no audio)

Petty cash Trash x

Misty Hollingsworth <Misty.Hollingsworth@pfisd.net>
to me ▾

Employee Honey Bee
BES Art

The screenshot shows a Gmail interface with a red sidebar. The 'Trash' folder is selected, displaying a list of emails. The email 'Petty cash' from Misty Hollingsworth is highlighted. The email content is visible in the main pane, showing a message about 'Employee Honey Bee BES Art' and contact information for Misty Hollingsworth.

Gmail Sidebar:

- Mail
- Compose
- Inbox
- Starred
- Sent
- Drafts
- Trash
- Categories
- More
- Labels
 - Inbox
 - Examples
 - IT
 - Access
 - Janie
 - Nicole
 - Personal
- Training
 - 2025 TASBO
 - _Outbox
 - _Travel
 - Add a Vendor
 - Amazon
 - Ana

Email Details:

From: Petty cash Trash x

To: Misty Hollingsworth <Misty.Hollingsworth@pfisd.net>

Subject: Employee Honey Bee BES Art

Body:

Please let me know if you have any questions or concerns. Thank you.

Best Wishes and Warmest Regards,
Misty Hollingsworth, CTSBS
Buyer
Procurement and Auxiliary Services
Pflugerville Independent School District
512.594.0072
misty.hollingsworth@pfisd.net

Actions: Reply, Forward, Emoji



Hive Got to Go!

Attendance code



Growing the Hive: A Guide to
Creating Vendor Requests

Tue July 28th, 2026, 1:10pm – 1:55pm

C2E8HV

Attendance code



Growing the Hive: A Guide to
Creating Vendor Requests

Tue July 28th, 2026, 3:05pm – 3:50pm

B4CUL5

Please make sure to complete
the conference feedback
survey.

Thank you for attending!