SHARYLAND I. S. D.
VENDOR MASTER FORM

Clear Form

Print Form

VENDOR STATUS (CIRCLE ONE)

Form to be filled out by SISD employee:

☐ **NEW** ☐ **RE-INSTATE**

DOES VENDOR BELONG TO A COOPERATIVE? IF YES NAME OF COOPERATIVE _____

VENDOR NUMBER (for inactive vendors) _____

VENDOR NAME _____ DBA _____

ADDRESS _____

CITY/STATE/ZIP _____

VENDOR CONTACT PERSON _____

VENDOR E-MAIL ADDRESS _____

PHONE: _____

IS THIS AN **EMPLOYEE**? (CHECK ONE) ☐ YES ☐ NO

ESTIMATE ON HOW MUCH YOU PLAN TO SPEND ON THIS VENDOR _____

DOES VENDOR ACCEPT PURCHASE ORDERS _____

FEDERAL IDENTIFICATION NO _____ or SOCIAL SECURITY _____

(NINE DIGITS)

CAMPUS/DEPARTMENT MAKING REQUEST _____

WHAT DO YOU WANT TO PURCHASE FROM THIS VENDOR _____

REQUESTED BY/EXTENSION _____

PRINCIPAL/ADMINISTRATOR SIGNATURE _____

PURCHASING APPROVAL _____

Note: This form only adds the vendor into the Skyward financial system. This form does not make a vendor an approved vendor. Purchase is still subject to meeting District purchasing guidelines.

W-9 and CIQ forms need to be submitted with this form.