

VENDOR SETUP

Vendor Information Form

Provide current information. Purchase orders will be sent to the email listed below.

Legal Vendor Name	Contact Name & Phone Number
Physical Address	Remit To Address
City, State, ZIP	City, State, ZIP
Phone	Fax
Email	Website
Requesting Campus or Department	COCISD Contact
Purchasing Cooperatives	

DISTRICT USE ONLY

Funding Source ☐ General Fund ☐ Activity Fund ☐ Club Fund	Vendor Number
Requested By/Date	Approved By/Date
Sole-Source Affidavit Attached (Original and Notarized)	Approval Date

Required Attachments

- Complete W-9, CIQ, and Commodity Code Checklist (if applicable).
- If physically on campus, complete the Criminal History Record Information certification.
- If direct or unsupervised student contact is possible, complete SB 9 fingerprinting requirements.