

# SHARYLAND I. S. D. VENDOR MASTER 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.**