

# BENAVIDES INDEPENDENT SCHOOL DISTRICT

## VENDOR REQUEST FORM

### FOR BISD USE ONLY-NOT TO BE COMPLETED BY VENDOR

PRIOR TO REQUESTING A NEW VENDOR, EFFORT MUST BE MADE TO LOCATE ITEM(S) FROM AN APPROVED VENDOR CURRENTLY IN THE BISD SYSTEM. IRS W9 FORMS ARE TO BE REQUESTED FROM VENDORS PROVIDING A SERVICE. PLEASE CONTACT MRS. SYLVIA GALLARDO FOR ASSISTANCE 361-256-3006.

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COMPANY/PAYEE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE/FAX NUMBER: \_\_\_\_\_

COMPANY FEDERAL TAX ID  
OR SOCIAL SECURITY NUMBER \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

COMPANY WEBSITE: \_\_\_\_\_

PRODUCTS/SERVICES REQUESTED: \_\_\_\_\_

### **JUSTIFICATION FOR REQUEST (CHECK ALL THAT APPLY): FORM WILL BE RETURNED IF REASON IS NOT GIVEN.**

- Vendor is an approved vendor but is not on file in the BISD system.
- Efforts to locate requested items from a approved vendor have been unsuccessful.
- Efforts to locate requested items from a vendor in the BISD system have been unsuccessful.
- Sole source-cannot be obtained from any other source
- Other justification (please specify): \_\_\_\_\_

### **PURCHASES MUST BE MADE BY MEANS OF A PURCHASE ORDER OR CHECK**

\_\_\_\_\_ I HAVE CONFIRMED WITH THIS VENDOR THAT THEY ACCEPT PO'S AND THAT THEY UNDERSTAND PAYMENT WILL BE MADE FROM AN INVOICE UPON RECEIPT AND APPROVAL OF GOODS AND/OR SERVICES.

REQUESTOR: \_\_\_\_\_

PRINCIPAL/SUPERVISOR: \_\_\_\_\_

BUSINESS OFFICE: \_\_\_\_\_