



New Vendor Input Form

Requested by: _____

Date: _____

Vendor Number: _____

Office Use Only

The purpose of this form is to communicate the district's requirements for **New Vendors**, to assist you in the selection procedure, and to streamline data entry. If we can assist you in anyway or answer questions you may have regarding this process, please call the Financial Services Office at 663-8161. *This form will be kept on file for 2 years.*

VENDOR SELECTION PROCEDURE

- The "New Vendor Input Form" is completed by the department administrator or designee responsible for the purchase.
- The form is then submitted to the Accounting Department.
- The Assistant Accountant shall review the "New Vendor Input Form" to ensure that the vendor is not currently in the system as active or inactive.
- If the vendor is not in the system, the Assistant Accountant will approve the request and add the vendor to the computer system.
- If the vendor already exists in the system, the originator of the request is notified and the "New Vendor Input Form" is not applicable.
- If the vendor is inactive in the system, the request is reviewed and approved or denied by the Director of Accounting, depending on the history of the vendor. Denied requests are returned to the originator. Re-activated requests are processed as approved.

All of the following information in **BOLD TYPE** is required by our system to process new vendors. All other information in *italics* is optional.

NAME OF VENDOR	
ADDRESS LINE 1	
<i>Address Line 2</i>	
CITY	
STATE / ZIP	
PHONE	
<i>Fax</i>	
<i>E-Mail</i>	
NEED ONE OR THE OTHER	<input type="checkbox"/> *FEDERAL TAX ID # - Also called EIN (Employer Identification Number)
	<input type="checkbox"/> **SS NUMBER (Required for Individuals)

* Federal Tax ID # Definition: This is a number assigned to businesses by the IRS. Any business offering products or services that are taxed in any way are required to have one.

** A social security number is required for any vendor who is set up as an individual (not as a business).

FOR OFFICE USE ONLY	
Approved _____	Signature _____
<i>Director of Accounting</i>	
Denied _____	Date _____