

GEORGE COUNTY SCHOOL DISTRICT NEW VENDOR REQUEST FORM

Why do we need this vendor?

We do not have a current vendor to supply this product or service.

This new vendor offers better pricing than our current vendor does.

Other (please specify) _____

Note: Neither employees, immediate family members, nor board members can be a vendor unless it is for expense reimbursement only.

Vendor Type:

Employee (*Travel reimbursement only*)

Supply

Service If service, does this vendor perform onsite labor? Yes No

- If yes, a **Certificate of Liability Insurance** must be included.

Is this vendor related to a school employee?

- Yes No If yes, please explain: _____

References (Three references must be included except when adding employees for reimbursement.)

- | | |
|--|--|
| 1. Name: _____
Contact: _____
Phone: _____ | 2. Name: _____
Contact: _____
Phone: _____ |
| 3. Name: _____
Contact: _____
Phone: _____ | |

Vendor Information:	Payment (Remit) Information:
Company Name: _____	Remit Name: _____
Street Address: _____	Remit Address: _____
City: _____ State: _____	City: _____ State: _____
Zip Code: _____ Telephone: _____	Zip Code: _____ Telephone: _____
Contact Person: _____	
E-mail: _____	
Website: _____	

Required Forms:

1. Completed **New Vendor Form**
2. Completed **W-9 Form**
3. Completed **Employee ACH Form** (if applicable)
4. Completed **Vendor ACH Form** (for non-employee vendors, including opt-out indication if applicable)
5. **Certificate of Liability Insurance** (if vendor performs onsite labor)

Email completed forms to: Vickie.byrd@gcsd.us

Person requesting vendor: _____ Date: _____