

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: _____

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 Request Form**
2. Completed **W-9 Form**
3. Completed **Employee ACH Form** (if vendor is employee)
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)

Person requesting vendor: _____ Date: _____

Please Print

Email completed request and required forms to: Vickie.byrd@gcsd.us