

JACKSON COUNTY SCHOOL DISTRICT
NEW VENDOR REQUEST FORM MUST BE COMPLETED BEFORE ANY PO BEING ISSUED

WHY DO WE NEED THIS NEW VENDOR?:

DO NOT HAVE A CURRENT VENDOR TO SUPPLY THIS PRODUCT OR SERVICE

THIS NEW VENDOR HAS BETTER PRICING THAN CURRENT VENDOR

OTHER:

VENDOR TYPE: SUPPLY

SERVICE

VENDOR NAME:

STREET ADDRESS:

CITY: _____

STATE: _____ ZIP CODE: _____

TELEPHONE: _____

FAX: _____

CONTACT:

E-MAIL:

WEBSITE:

PAYMENT ADDRESS IF DIFFERENT FROM ABOVE ADDRESS:

STREET ADDRESS:

CITY: _____

STATE: _____ ZIP CODE: _____

PAYEE NAME

EMAIL ADDRESS FOR ACCT RECEIVABLE:

DOES THIS VENDOR DO ON SITE LABOR?:

YES

NO

IF YES: CERTIFICATE OF INSURANCE WITH JCSD NAMED AS AN ADDITIONAL INSURED MUST BE FAXED TO THE BUSINESS OFFICE BEFORE NEW VENDOR CAN BE ADDED.

Please include 3 references:

REFERENCES: NAME CONTACT PHONE

1. _____

2. _____

3. _____

W-9 FORM MUST BE ATTACHED **1099 Vendor:** _____ (to _____
be marked by business office) **YES** **NO**

UNIT OR PERSON REQUESTING NEW VENDOR: _____

PLEASE MAIL: THIS COMPLETED NEW VENDOR FORM
 COMPLETED W-9 FORM
 VENDOR'S INSURANCE FORM IF VENDOR DOES ON SITE LABOR

MAIL TO: JACKSON COUNTY SCHOOL DISTRICT, ACCOUNTS PAYABLE, 4701 COL. VICKREY RD, VANCELEAVE, MS 39565