

VENDOR ADD FORM
2011-12

Name of Vendor: _____

Address: _____

Items being purchased: _____

*(Can these items be
purchased through
an existing vendor?)* _____

Name of person requesting: _____ (please print) _____ Date

Administrator/Director approval: _____ Date

Assistant Superintendent for Business: _____ Date

**** Please attach copy of catalog or webpage with purchasing & return policies.**

NTS:jr

I:\Pool1\Vendor Add Form.doc *NTS*