



*“WHAT WE DO HERE SHAPES THE WORLD”*

**NEW VENDOR REQUEST FORM**

COMPANY NAME: \_\_\_\_\_

(Complete Legal Name Required)

Inc.,  Corp.,  LLP,  Sole Source,  Partnership,  Employee,  Other: \_\_\_\_\_

TAX IDENTIFICATION NUMBER \_\_\_\_\_

Please check one:  EIN or  SSN

CORRESPONDENCE ADDRESS (PO): \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

AREA CODE/PHONE: \_\_\_\_\_

AREA CODE/FAX: \_\_\_\_\_

EMAIL ADDRESS (PO): \_\_\_\_\_

VENDOR STATUS: Region I  Region II  Buy Board  TCPN  Sole Source  Contract  Other \_\_\_\_\_

ESTIMATED AMOUNT OF PURCHASE \$ \_\_\_\_\_

**PLEASE STATE JUSTIFICATION FOR ADDING NEW VENDOR**

**PLEASE FAX/E-MAIL THIS FORM, W9 FORM, AND SOLE SOURCE AFFIDAVIT (AS APPLICABLE) TO THE PURCHASING OFFICE (956) 233-3939 OR EMAIL IT TO [purchasing@lfcisd.net](mailto:purchasing@lfcisd.net). ALL ABOVE INFORMATION IS REQUIRED IN ORDER TO PROCESS REQUEST.**

REQUESTOR NAME: \_\_\_\_\_

CAMPUS/DEPT.: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_