

VENDOR INFORMATION FORM

Vendor Name: _____ Vendor# _____

New Vendor – Attach W-9 form & specify the Service or Commodity being provided:

Update Vendor Information- Fill out the fields below that need to be changed.

Vendor Mailing Address: _____

Payment/Remittance Address (if different from mailing address): _____

Company Email Address (required): _____

Company Office Phone # _____

Contact/Sales Rep Name (if applicable): _____

Contact/Sales Rep Office Phone # _____ Cell Phone # _____

Contact/Sales Rep Email Address (required): _____

OTHER:

Special Ed Parent Reimbursement

Special Ed Legal Settlement / Confidential - Doc# (DN) _____

Employee

One-time Payment Misc.

Electronic Fund Transfer Setup (*Attach Bank Routing Information*)

Checking

Savings

Name of Financial Institution: _____

Account#: _____

ABA Routing#: _____

Requestor: _____

Site/Department: _____

Date: _____

Submit completed vendor request and W-9 form to vendors@smmusd.org
(No W-9 needed for employees, parents or government agencies)

Revised 10/16/2019