

Prior to Proviso Township High School District 209 processing a payment for goods and/or services, a New Vendor Request form must be completed and submitted to the District's Purchasing Specialist. Completed forms provide the necessary information for use internally by District personnel, as well as for federal and state reporting purposes.

Will this vendor will	be paid from the Student Ac	ctivity accounts?	please circle	YES	NO
Vendor Information	on				
Type of Vendor:	Business Individua	al Governm	ent Agency	Other Not-for-Pr	rofit Organization
Name:					
Phone Number:	Fax Number:				
E-Mail (Used for PO	Submissions):				
Business Classification	on (if applicable) *:	ority Owned 🔲	Female Owned	l 🔲 Owned by Per	sons with Disabilities
* In accordance with Illinois School contractors, as certified by a certify	Code (105 ILCS 5/10-17), schools are required ing agency (e.g. Cook County, State of Illinois)	to publish an annual report in accordance with the defir	identifying the total nur nitions provided in 30 IL	nber of contracts awarded to min CS 575/2	ority, female or disabled
Mailing Address				***	
Street Address:					
City:		State:	7	Zip Code:	
Remittance Mailing	Address (if different than abo	ove)			
Street Address:					
City:		State:	Z	Lip Code:	
Tax Payer Identifi	cation				
This section does	not need to be completed if a W	-9 form is attached	. Please refer to	IRS form W-9 for guid	dance if necessary.
Types of Goods and/or Services Offe	red:				
Tax Classification:	☐ Individual/Sole Proprie	tor or single-mer	nber LLC	C - Corporation	S - Corporation
	P - Partnership Trust/Estate Limited Liability Company (Insert Type):				
	Other:				
Federal Tax ID Num	D Number: or Social Security Number:				
				<u> </u>	
Approval					
utilized for local, federal, backup withholding, or (l	y, I certify that the information prov and state reporting purposes. I furt b) I have not been notified by the In vidends, or (c) the IRS has notified r	her certify that I am r ternal Revenue Servic	ot subject to backu ce (IRS) that I am s	ip withholding because ( ubject to backup withhol	(a) I am exempt from
Printed Name of Vendor Representati	ve:				
Vendor Representati			 Date		
Signature:		-	Date	-	

Please return form to the individual at the district that you have been in communication