



CHARLES COUNTY PUBLIC SCHOOLS
REQUEST FOR NEW VENDOR

DATE:

COMPLETE VENDOR NAME:

ADDRESS:

PHONE #:

FAX #:

E-MAIL:

VENDOR CONTACT PERSON :

REASON FOR NEW VENDOR: [] Service (need contract) [] Consultant (need contract)
[] Supplies/Materials/Equipment [] Other - Explain:

WILL VENDOR INTERACT WITH STUDENTS? [] No [] Yes (Vendor employees who interact with students will need to be fingerprinted before vendor number is assigned. Provide names of individuals who will interact with students.)

Are you aware of any legal impediment or potential conflict of interest between this vendor and CCPS as defined by CCPS Ethics Regulations or other policy? (Link to CCPS Ethics Regulations) []

Yes [] No If yes, briefly describe:

ESTIMATED ANNUAL AMOUNT: _____

PERSON REQUESTING NEW VENDOR: EXT:

SCHOOL OR DEPARTMENT:

I approve this request:

AUTHORIZED SIGNATURE

PRINTED NAME

(PRINCIPAL, SUPERVISOR, DEPUTY/ASSISTANT SUPERINTENDENT, OR SUPERINTENDENT)

Based on Delegated Authority List for the estimated annual amount.

PURCHASING USE ONLY

[] Reviewed Contract [] Obtained 3 price quotes if more than \$2,500. Bid Required [] Yes [] No

PURCHASING APPROVAL

DATE

FOR ACCOUNTING USE ONLY

New Vendor # _____ W-9 Received [] Federal ID/Social Security # _____

*If Consultant: Previously employed by CCPS?: Yes [] No []

If Yes: When: _____ Position: _____

Minority Business? Yes [] No [] Certified Minority Business? Yes [] No []

Verified by and Date _____

Date Vendor Set Up _____ Head of Accounts Payable _____