



Clio Area Schools
Business Services
VENDOR REQUEST FORM

**W-9 MUST BE SENT WITH
VENDOR REQUEST FORM**

VENDOR NAME					
ADDRESS LINE 1					
ADDRESS LINE 2					
CITY		STATE		ZIPCODE	
PHONE #		FAX #			
TAXPAYER ID #		<input type="checkbox"/> EIN -OR- <input type="checkbox"/> SSN			
EMAIL ADDRESS:					

PURPOSE:

REQUESTED BY _____ **DATE** _____

BUILDING/DEPARTMENT _____

PRINCIPAL/SUPERVISOR SIGNATURE _____ **DATE** _____

APPROVED BY:

BUSINESS SERVICES* _____ **DATE** _____

*Form may be faxed to Business Services @ 591-0140.

BUSINESS SERVICES USE ONLY	
Vendor Created	
Vendor Number	
Date Entered	
W-9 Received	
Notified User of Set-up	