**Vendor Request Form**

**PLEASE PRINT**

Prior to processing a payment for goods and/or services a New Vendor Request form must be completed and submitted to the Unit Office. Completed forms provide the necessary information for use internally by District personnel, as well as for federal and state reporting purposes. Please complete and ***return with an updated W-9*** .

**TYPE OF VENDOR**: ⃝ Business ⃝ Small Business

 ⃝ Government Agency ⃝ Other Not-for-Profit

**BUSINESS CLASSIFICATION (if applicable) \*:**

⃝Minority Owned ⃝ Owned by Person(s) with Disabilities

 ⃝ Female Owned ⃝ Veteran Owned

\*In accordance with Illinois School Code (105 ILCS 5/10-17), schools are required to publish an annual report identifying the total number of contracts awarded to minority, female, veteran, small business, or disabled contractors/vendors, as certified by a certifying agency (e.g. Cook County, State of Illinois, U.S. Small Business Association) in accordance with the definitions provided in 30 ILCS 575/2.

**BUSINESS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**A VENDOR WILL NOT BE ADDED WITHOUT AN UPDATED W-9 ATTACHED.**