



Request for Employee to be PISD Vendor

[See Policy CHE \(Local\)](#) for more information

Employee/Company Information

Employee Name with
Conflict:

Last

First

M.I.

Owner of Company:

☐ Myself

☐ Spouse

☐ Sibling

☐ Parent

☐ Son/Daughter

Campus/Department:

Date:

Job Title:

☐

Part Time

☐

Full Time

Home Address:

Email Address:

Phone:

Company Name (Attach copy of IRS W9):

Company Address:

Description of Services and/or Products Provided by Company:

Additional Comments:

Employee Signature

Date

Purchasing Office Approval

Company is Awarded Vendor:

☐

Yes

☐

No

Company's Solicitation Award Number::

Purchasing Director's Signature

Date

Administration Approval

Superintendent's Signature

Date