



# NEW VENDOR SUBMITTAL FORM

If you are requesting a vendor to be reviewed and added to Skyward, please complete this form and email (hvillarreal@lwisd.org) or fax (817-237-5131) it to the Purchasing Department. A completed W-9 and Conflict of Interest Questionnaire must accompany this request in order for the vendor to be added (Hotels are an exception).

1. Vendor Name \_\_\_\_\_

Remit to Mailing Address \_\_\_\_\_

\_\_\_\_\_

Physical Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address: \_\_\_\_\_ Company Website: \_\_\_\_\_

Purchasing Method (make sure to provide contract#) \_\_\_\_\_

\_\_\_\_\_

(Example: Buyboard, Bid #496-15 or EPCNT/EMSISD, Bid #1314-023-2019)

Explanation of why vendor needs to be added (attach quote form and/or sole source affidavit if applicable):

\_\_\_\_\_

\_\_\_\_\_

### For Department/Campus Use Only

*This request will not be reviewed if this portion of the form is not completed by requestor.*

Submitted By: \_\_\_\_\_ Department/Campus \_\_\_\_\_

Principal/Head of Department (Signature) \_\_\_\_\_

Business Office (Signature) \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_