

**PAWLING CENTRAL SCHOOL DISTRICT
VENDOR ADD/CHANGE FORM
2017-2018**

Name of Vendor: _____ *Address Change Only:* _____

Address: _____ *Payment Address Change Only:* _____

Contact Person: _____ **Email:** _____

Phone#: _____ **Fax#:** _____ **Website:** _____

If employee: # _____ **Vendor #:** _____

Type of Items being purchased: _____

*(Can these items be purchased
through an existing vendor?*

if yes, explain need for new vendor) _____

Name of person requesting: _____
(Please print) _____
Date _____

Administrator/Director approval: _____
Date _____

Assistant Superintendent for Finance: _____
Date _____

Please attach a COPY of the catalog page or webpage with purchasing/shipping & return policies.

**If sole source provider, please provide information that supports this claim.*