

Vendor Approval for TxEIS

Vendor Name: _____

Vendor Address: _____

Vendor Phone: _____

Vendor Fax: _____

W-9 attached: YES NO

Conflict of Interest attached: YES NO

Type of items being ordered: _____

Reason not using a previously approved vendor: _____

Requested by: _____

Vendor Approved: YES NO

If, "NO" – reason: _____

Rebecca Bain, Superintendent

Date