



NEW VENDOR FORM

IMPORTANT

Please contact vendor for their W-9 Form and attach to this form prior to sending to the Business Office.

Date: _____

To: Patty Crowley, Business Office

Email: pcrowley@southingtonschools.org - or - Fax: 860.628.3205

From: _____

School/Facility: _____

Vendor Name: _____

What is Vendor providing? ☐ Supplies ☐ Services

Is this request for new computer software? ☐ Yes ☐ No

Has the new software request been approved by Technology? ☐ Yes ☐ No

Vendor Tax ID # / SSN #: _____ (Contact vendor for W-9)

Vendor Mailing Address:

Vendor Payment Address:

Street: _____

Street: _____

City: _____

City: _____

State/Zip: _____

State/Zip: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Vendor Contact: _____

Vendor Email Address: _____

Reason for setting up new vendor: _____

Person Requesting Vendor Number: _____

FOR BUSINESS OFFICE USE

Vendor # _____

Date Vendor Set-Up in Alio: _____

Date Requestor Notified with Vendor # _____

Created by: _____