

**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: Justine Pagano, Business Office

Email: jpagano@southingtonschools.org - or - Fax: 860.621.8056

From:

School/Facility:

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**Vendor Name:**

**What is Vendor providing? □ Supplies □ Services**

**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:

**FOR BUSINESS OFFICE USE**

Vendor #

Date Vendor Set-Up in Alio:

Date Requestor Notified with Vendor #

Created by:

**Vendor Contact:**

**Vendor Email Address**:

Reason for setting up new vendor:

Person Requesting Vendor Number: