

NEW VENDOR REQUEST

Out of State Vendor (Check Box) Yes No (see required forms below)

Vendor Name _____

Vendor Address _____

Remit to Address if different than Vendor Address

Vendor Contact Name _____

Vendor Phone # _____

*Vendor E-mail _____
(POs will be sent via E-mail)

Requesters Name _____

Requesters School Site
or Department _____

VENDOR INFORMATION

Is this Vendor a: Check One

Current employee	<input type="checkbox"/>
Contracted employee	<input type="checkbox"/>
Other	<input type="checkbox"/>

Vendor used for (editable) Check One

Materials, Supplies, Books	<input type="checkbox"/>
Refund	<input type="checkbox"/>
Repairs, Labor	<input type="checkbox"/>
Construction	<input type="checkbox"/>
Settlement	<input type="checkbox"/>
Lawyers/Attorneys fees	<input type="checkbox"/>
Medical	<input type="checkbox"/>
(counseling, speech, test)	<input type="checkbox"/>
Service Agreement	<input type="checkbox"/>

REQUIRED FORMS

Check the forms submitted:

<input type="checkbox"/>	W 9 required for all vendors
CA 580/588 For Service Agreements Only	
<input type="checkbox"/>	CA 590 for Out of State Vendors
<input type="checkbox"/>	CA 588 for Out of State Vendors

Links to forms below:

CA Form 590 - Determines CA residency
<https://www.ftb.ca.gov/forms/2022/2022-590.pdf>

CA Form 588 - Request waiver from tax withholding
<https://www.ftb.ca.gov/forms/misc/588.pdf>

Description of vendors duties/services
