

OYSTER BAY - EAST NORWICH CENTRAL SCHOOL DISTRICT  
1 MC COUNS LANE  
OYSTER BAY, NY 11771



## NEW VENDOR REQUEST FORM

NAME OF REQUESTER:

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DATE:

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*Complete as much of this form as possible, please note that a Tax ID or Soc Security # is required*

VENDOR NAME:

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TAX ID # OR SOCIAL SECURITY #

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SERVICE PROVIDED

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MAILING ADDRESS

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BILLING ADDRESS (IF DIFFERENT)

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TELEPHONE #

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FAX #

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EMAIL ADDRESS

WEBSITE ADDRESS

ATTACHED COMPLETED W-9 FORM

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*Business Office only:*

*Please remember to determine if vendor should receive a 1099; if so, check appropriate box in Finance Manager*