

**Window Rock Unified School District 8**

***Vendor Input Request***

|  |  |
| --- | --- |
| **Reason Requesting this Vendor** |  |
| **AZ Contract Options Used First** | **MOHAVE OMNIA 1GPA AZ Procurement** |

**Please print this form. Each box can have information directly typed in it.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Vendor’s Information** | | | | | | | |
| **Vendor Name** | |  | | | | | |
| **Address** | |  | | | | | |
| **City** |  | | | **State** |  | **Zip** |  |
| **Telephone** |  | **Fax** |  | **Email** |  | | |
| **Social Security Number or Federal Tax Identification Number** | | | | |  | | |
| *A social security number is required for all consultants and employees and the federal tax identification number is required for all companies.* | | | | | | | |
|  | | | | | | | |
| **Remittance Address—Where WRUSD 8 Is to Send Payment** | | | | | | | |
| **Vendor Name** | |  | | | | | |
| **Address** | |  | | | | | |
| **City** |  | | | **State** |  | **Zip** |  |
| **Telephone** |  | **Fax** |  | **Email** |  | | |
|  | | | | | | | |
| **Person Requesting Vendor** | |  | | | | | |
| **Department/School** | |  | | | | | |
| **Signature of Person Requesting** | |  | | | | | |
| **Date of Signature** | |  | | | | | |
|  | | | | | | | |
| **Date Approved** | |  | | | | | |
| **Business Office Signature** | |  | | | | | |
|  | | * **The WRUSD is used on purchase orders and not credit cards.** * **Invoices are needed for payment processing.** * **Payments for invoices are made every two weeks.** * **There is no up-front payment for any goods and/or services.** | | | | | |