

**Window Rock Unified School District 8**

***Vendor Input Request***

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| **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.**

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| **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.**
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