

Putnam Valley Central School District
Putnam Valley, New York 10579
Vendor Approval Form

1. Vendor Name: _____

2. Business Name (per W9): _____

Make payment to: 1. 2. (You must check a box to prevent a delay in entering the vendor.)

Web Address: _____ Email: _____

Please attach the W-9 form to this request.

Fed ID: Employer ID: SS: Number: _____

Is a 1099 required: Yes: No: COI required: Yes: No: (If not a corporation, it is required.) (If coming onto our property to perform a service it is required to submit a Certificate of Insurance and have it approved before work begins.)

At least one address below must be a physical address, not a PO Box.

Physical address: _____

Phone: _____ Fax: _____

Contact: _____

Payment Address: _____

Phone: _____ Fax: _____

Contact: _____

Requested by: _____ Date: _____

Approved by: _____ Date: _____

Vendor # _____ Entered by: _____ Date: _____