

**BRIARCLIFF MANOR UNION FREE SCHOOL DISTRICT**

*45 Ingham Road \* Briarcliff Manor, NY 10510*

*Phone: 914-432-8074 Fax: 914-941-2565*

**VENDOR ADDITION REQUEST**

Date \_\_\_\_\_

Request made by \_\_\_\_\_

School \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Vendor to be Added: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Purpose: \_\_\_\_\_

Is this vendor on a bid list? \_\_\_\_\_ List bid # \_\_\_\_\_

If the vendor is not listed on a bid, has there been competitive pricing? \_\_\_\_\_

If no, why are you selecting this vendor? \_\_\_\_\_

**CONFLICT OF INTEREST / DISCLOSURE**

Please list any relationship you may have with the vendor / supplier:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disclose any direct or indirect personal interest / transactions you may have with the vendor:

\_\_\_\_\_  
\_\_\_\_\_

Requestors Signature \_\_\_\_\_

**BUSINESS OFFICE ONLY**

Date W9 Sent \_\_\_\_\_ Received \_\_\_\_\_ TIN entered \_\_\_\_\_

Approved by \_\_\_\_\_