

CCSD #22 --- Vendor Request Form

CCSD, PO Box 1199, Shiprock, NM 87420

Please submit to Purchasing or via fax 505-598-6626 Attn: Purchasing

All Required Fields need to be completed. Any omitted fields will result in request being returned to Requestor.

***Required Fields**

NOTE: W-9 and Conflict of Interest needs to be attached to request form.

Requested By Financial Secretary :*	(DAC):*	Which Module to be entered in? (Circle)	
		Activity	Operational

Purchase of goods and services can not be rendered until Vendor Applicant has been activated as a vendor. Receiving goods and services prior to having an approved PO is in violation of Procurement Code, Section 13-1-28 through Section 13-1-199, NMSA 1978.

VENDOR INFORMATION

By filling out this Vendor Request Form, you certify that the information is correct and have the authority to act on behalf of the named individual or company.

Vendor Name or Business Name:*		
Contact Name: *	Contact Email #: *	
Contact Phone: *	Contact FAX: *	Website Address:
D UNS:	NM CRS#:	EIN ID # (SOC SEC #)

ADDITIONAL ADDRESS(S)-- Required if different from W-9 and INFORMATION

Remit to Address (Address Payment is sent to)

NAME:		
Street	City	State / Zip

GENERAL VENDOR

Select One*

- Goods Only: _____
- Employee Reimbursement
- Sports Official/Referee: _____
- Non-Employee Reimbursement: _____
- Other _____

OR

CONTRACTOR VENDOR

Description of Services that will be provided:

FOR PURCHASING DEPARTMENT USE ONLY:

New vendor account added	Y / N	COMMENTS: _____ _____ _____ _____
Conflict of Interest Obtained	Y / N	
W-9 Obtained & Verified	Y / N	
Vendor Group Assigned	Y / N	
Requestor Notified	Y / N	

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	Central Consolidated School District #22 PO Box 1199 Shiprock, NM 87420
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Central Consolidated School District No. 22
PO BOX 1199
Shiprock, New Mexico 87420
(505) 598-5834

CONFLICT OF INTEREST DISCLOSURE FORM

This form must be filed by any prospective contractor whether or not they, their family member or their representative has any family member employed with Central Consolidated School District, within the First degree, Second degree or Third degree to the employee.

Pursuant to Chapter 199, Section 1, of the NMSA 1978 Nepotism; and School Board Policy G-0700 Staff Conflict of Interest.

22-5-6 Nepotism Prohibited

- A. A local superintendent shall not initially employ or approve the initial employment in any capacity of a person who is the spouse, father, father-in-law, mother, mother-in-law, son, son-in-law, daughter, daughter-in-law, brother, brother-in-law, sister, sister-in-law, of a member of the local school board or the local superintendent. The local school board may waive the nepotism rule for family member of a local superintendent.
- B. Nothing in this section shall prohibit the continued employment of a person employed on or before July 1, 2009.

Pursuant to **NMAC 1.7.6.8 NEPOTISM:**

No agency shall permit the hiring, promotion, or direct supervision of an employee by a person who is related by blood or marriage within the third degree to the employee.

“Contract” means any agreement for the procurement of items of tangible personal property, services, professional services, or construction.

“Family Member” means spouse, father, father-in-law, mother, mother-in-law, son, son-in-law, daughter, daughter-in-law, brother, brother-in-law, sister, sister-in-law.

“Person” means any corporation, partnership, individual, joint venture, association of any other private legal entity.

“First Degree” means a close blood relative who includes the individual's parents, full siblings, or children.

“Second Degree” means a blood relative who includes the individual's grandparents, grandchildren, aunts, uncles, nephews, nieces or half-siblings

“Third Degree” means the relative of a person who is a first cousin, great-grandparent or great-grandchild.

I have read and fully understand that this does not mean that I/We/Company can not be hired by Central Consolidated Schools or provide goods and services; however, we do acknowledge that we are related to the following board members or administrative personnel at a Director or principal level or above:

Name _____ Job Title _____ Location _____

Name _____ Job Title _____ Location _____

Name _____ Job Title _____ Location _____

Name _____ Job Title _____ Location _____

Name _____ Job Title _____ Location _____

Name _____ Job Title _____ Location _____

Name _____ Job Title _____ Location _____

I testify that the above is a complete list of the individuals with which **I am related** as per the guidance provided above.

Signature

Printed Name

Company Name

Date

I testify that **I am NOT** related to any board member or administrative personnel at a Director or principal level or above.

Signature

Printed Name

Company Name

Date