



Central Consolidated School District No. 22

Vendor Request Form

CCSD, PO Box 1199, Shiprock, NM 87420

Vendor Packets can be submitted to Purchasing by emailing to: waltc@centralschools.org with subject line: **Vendor Request Form**. All (*)Required Fields need to be completed and 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? (Check)
		<input type="checkbox"/> Activity <input type="checkbox"/> 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.

Note : Payment terms Net 30.

VENDOR INFORMATION

By filling out the Vendor Request Form, you certify that the information is correct and have the authority to act on behalf of the named individual or company. (*) Required Fields Does vendor Accept Purchase Orders? Yes No

Vendor Name or Business Name:*		
Contact Name: *		Contact Email: *
Contact Phone: *	Contact FAX: *	Website Address:
UEI (Unique Entity Id):	NM CRS#:	EIN ID# or (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
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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:

Sam's.Gov Verified	Y / N
New vendor account added	Y / N
Conflict of Interest Obtained	Y / N
W-9 Obtained & Verified	Y / N
Vendor Group Assigned	Y / N
Verified Documents Added	Y / N

COMMENTS:

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	CENTRAL CONSOLIDATED SCHOOL DISTRICT #22 P.O. BOX 1199
	6 City, state, and ZIP code	SHIPROCK, NM 87420
7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
				-				-		
or										
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 for Part II, later.

Sign Here	Signature of U.S. person ►	Signature	Date ►

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

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. [11-3-90...5-15-96; Rn, 1 NMAC 7.8.10, 7-1-97; 1.7.6.8 NMAC - Rn, 1 NMAC 7.6.8, 11/30/00

“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