

# VENDOR SUBMITTAL FORM

*This form for MISD use only.*

If you are requesting a vendor to be **reviewed** and **added** to EDP, Please complete this form and fax it to the Purchasing Department (817-473-5780). **A completed W-9 must accompany this request for the vendor to be considered.**

1. Vendor Name _____	VENDOR #
Mailing Address _____	
_____	
_____	
Federal Tax ID / Social Security # _____	
Telephone # _____	Fax # _____
Explanation of why vendor needs to be added (attach quote form and/or sole source affidavit if applicable):	
_____	
_____	

*Approved:*

2. Vendor Name _____	VENDOR #
Mailing Address _____	
_____	
_____	
Federal Tax ID / Social Security # _____	
Telephone # _____	Fax # _____
Explanation of why vendor needs to be added (attach quote form and/or sole source affidavit if applicable):	
_____	
_____	

*Approved:*

*This request will not be reviewed if this portion of the form is not completed.*

Submitted By \_\_\_\_\_ Ph # \_\_\_\_\_  
Dept/Campus \_\_\_\_\_ Fax # \_\_\_\_\_