



Riverside School District 96

3340 S. Harlem Avenue - Riverside, IL 60546 | (708) 447-5007 | www.district96.org

New Vendor Request

Prior to processing a payment for goods and/or services, a New Vendor Request form must be completed and submitted to the Business Services department. Completed forms provide the necessary information for use internally by District personnel, as well as for federal and state reporting purposes.

Vendor Information

Type of Vendor: Business Individual Government Agency Other Not-for-Profit Organization

Name: _____

Phone Number: _____ Fax Number: _____

E-Mail (Used for PO Submissions): _____

Business Classification (if applicable)*: Minority Owned Female Owned Owned by Persons with Disabilities

Optional if Minority Owned: African American Hispanic American Asian-Pacific American Asian-Indian American Native American Caucasian

* In accordance with Illinois School Code (105 ILCS 5/10-17), schools are required to publish an annual report identifying the total number of contracts awarded to minority, female or disabled contractors, as certified by a certifying agency (e.g. Cook County, State of Illinois) in accordance with the definitions provided in 30 ILCS 575/2.

Mailing Address

Street Address: _____

City: _____ State: _____ Zip Code: _____

Remittance Mailing Address (if different than above)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Tax Payer Identification

This section does not need to be completed if a W-9 form is attached. Please refer to IRS form W-9 for guidance if necessary.

Types of Goods and/or Services Offered: _____

Tax Classification: Individual/Sole Proprietor or single-member LLC C - Corporation S - Corporation

P - Partnership Trust/ Limited Liability Company (Insert Type): _____

Estate Other: _____

Federal Tax ID Number: _____ or Social Security Number: _____

Payment Processing Instructions

Would you like to sign-up for electronic payments (ACH)? Yes No

If yes, please fill out form **Vendor ACH/Direct Deposit Authorization**

Approval

Under penalties of perjury, I certify that the information provided on this form is complete and accurate. I understand that this information will be utilized for local, federal, and state reporting purposes. I further certify that 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.

Vendor Representative

Printed Name: _____

Signature: _____ Date: _____

Please return form via e-mail to accountspayable@district96.org or by mail to Riverside School District 96, Attn: Accounts Payable, 3340 S. Harlem Avenue, Riverside, IL 60546