



APPROVAL TO ADD VENDOR
Progreso Independent School District
Vendor Maintenance File

FOR BUSINESS OFFICE USE ONLY

Approved by _____ Date _____

Posted by _____ Date _____

1099 Vendor Yes No If yes 1099 Box Number _____

Vendor Number Assigned: _____

Check One: New Vendor Revision to Vendor File

Check One: Registration/Conference Fee Student Activity Account
 Consultant (*must have signed contract attached with proper backup*)

Check One: Is this Vendor a member of a Purchasing CO-OP

Region I DIR BuyBoard TCPN Region 2

*****If NOT a member of any purchasing co-op 3 quotes must be provided*****

VENDOR INFORMATION

Name/Company _____	Remit to Address (if different)
Contact Person _____	Name/Company _____
Address _____	Address _____
City & State _____	City & State _____
Zip Code _____	Zip Code _____
Phone Number _____	Phone Number _____
Fax Number _____	Fax Number _____

VENDORS IDENTIFICATION NUMBER

Individual's Social Security Number _____

Business/Company's Employer I.D Number _____

SERVICES PROVIDED (check all that apply)

Purchase goods (explain goods) _____

Rent Products, Equipment, etc. _____ ▶ Form 1099: Box 1

Medical Payment _____ ▶ Form 1099: Box 6

Services (repairs, consultants, other services) _____ ▶ Form 1099: Box 7

Employee Reimbursement

Travel related (mileage, meals, hotel, taxi, plane fare, conference fees, etc.)

Requested by _____ Date _____

*****This form must be filled out by PISD employees. NOT Vendors!**