



Vendor Packet

Purchasing
Mat-Su Borough School District
690 Cope Industrial Way
Palmer, AK 99645
P: (907) 861-5120 || F: (907) 861-5184

Originating Site/Department

Contact Name

Phone Number

VENDOR APPROVAL FORM FOR SERVICES, MATERIALS AND/OR EQUIPMENT

Please check one New Vendor Change

PLEASE NOTE: A CURRENT W-9 MUST BE ATTACHED WITH THIS FORM OR APPROVAL WILL BE DENIED.

Thank you for your interest in doing business with the Mat-Su Borough School District. Please complete the following form in its entirety. Any applicable documents can be attached to this form.

Vendor Legal Name _____ EIN or SSN _____

Vendor Operating Name (DBA) _____

Vendor Mailing Address _____

City _____ State _____ Zip Code _____

Contact Name _____ Phone Number _____ Fax Number _____

Email Address _____ Web Site Address _____

Vendor Remit to Address _____

City _____ State _____ Zip Code _____

A/R Contact Name _____

PO Delivery Email Address _____ Phone Number _____

Description of services, materials and/or equipment to be provided.

Please answer the following questions:

1. Do you accept purchase orders? Yes No
2. Preferred method of receipt of PO's? E-Mail Fax
3. Preferred method of payment? EFT (fast & secure payment method) Check **If you checked EFT, please fill out the EFT Enrollment Form.**
4. How long have you been in business providing the types of services you want to provide to the MSBSD? _____
5. Do you provide services to the public? Yes No
6. Do you have a current Business License? Yes No License #: _____ State: _____
7. Do you have a State of Alaska Business License? Yes No License #: _____
8. Do you have a Mat-Su Borough Business License? Yes No License #: _____
9. Are you currently an employee of the MSBSD? Yes No If yes, complete Conflict of Interest Affidavit.
10. Are you related to an MSBSD employee? Yes No If yes, MSBSD employee should complete Conflict of Interest Affidavit.

Authorized agent signature (Required)

Printed Name/Title

Date

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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<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.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	(Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶	Date ▶
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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.



Vendor Electronic Fund Transfer (EFT) Enrollment

Print Form

Purchasing
Mat-Su Borough School District
690 Cope Industrial Way
Palmer, AK 99645
P: (907) 861-5120 || F: (907) 861-5184

Special Instructions: Upon completion, please submit this form to the Purchasing Department. The processing of this form can take two (2) check periods. Any alterations or unauthorized additions invalidate this form.

Vendor Name	<input type="text"/>	EIN or Tax ID #	<input type="text"/>
Contact Name	<input type="text"/>	Daytime Phone #	<input type="text"/>
E-mail Address	<input type="text"/>	Daytime Fax #	<input type="text"/>

Please Note: This form is for EFT enrollment or change only. Do not use this form to make changes to your contact information.

EFT Deposit: **Initial Authorization** **Change / Update** **Cancellation**

Financial Institution Name & State

Institution Transit Routing Number Account #

Deposit Into (check only one):

Checking (Please attach a voided check or pre-printed documentation from your financial institution. *Deposit slips not accepted.*)

Savings (Please attach pre-printed documentation from your financial institution. *Deposit slips not accepted.*)

Electronic Fund Transfer (EFT) Authorization

I hereby authorize the Mat-Su Borough School District to make EFT deposits into my account as indicated.

I further authorize the Mat-Su Borough School District to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the account(s) I have indicated above. I understand that the Mat-Su Borough School District will make a reasonable effort to notify me within 24 hours if a debit entry or adjustment is made against the account(s) I have indicated above.

This authorization agreement is effective as of the signature date below and is to remain in full force and effect until MSBSD has received written notification from me of its termination in such time and such manner as to afford MSBSD and the Financial Institution a reasonable opportunity to act on it. I understand I must notify the Mat-Su Borough School District immediately and complete a new form if I change financial institutions, account numbers, or type of account.

_____ Signature	_____ Date	_____ Printed Name
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