



BIRDVILLE INDEPENDENT SCHOOL DISTRICT

Employee Discount Approval Form

Organization Name _____

Address _____

City _____ State _____ Zip _____

Website _____

Contact Person _____

Phone Number _____ Fax _____

Email Address _____

Name of Discount _____

Description of Discount

Posting is requested beginning _____ to _____

***** BISD USE ONLY BELOW THIS LINE*****

The vendor listed above has been

Approved: _____ Date _____

Notes/Comments:

Denied: _____ Date _____

Reason for denial:

REMINDER: Please attach any discount flyer or information to the email that will be sent to Birdville ISD.

Email completed form to: susan.dippolito@birdvilleschools.net