New Vendor Request Form



To be filled out by Birdville ISD personnel

School/Dept. Name:	School/Dept. #:
Requestor:	Date of Request:
Phone #:	Fax #:
E-mail:	
What type of funds will be used when purchasing from vendor?	
Site Based/General (Fund 199)	
Campus Activity Fund (Fund 461)	
Student Activity (Fund 865)	
Faculty Funds (Fund 890)	
Estimated Purchase Amount:	
Reason for Request:	
Vendor Information:	
Vendor Name:	
Contact Person:	
Vendor Phone #:	
E-mail:	
Is this vendor an Interlocal Agreemen	t? YES
(Buyboard, DIR, TCPN, Etc.)	NO
If yes, please provide more information	on:
E-mail completed form to BISD.PURCHASING@BIRDVILLESCHOOLS.NET	
For Purchasing Department:	
For Furchasing Department.	
Approved Denied	
Additional Notes:	