

Jason Grey Superintendent Greg Midgett PreK-6 Principal Randall Bay 7-12 Principal Kevin Cline 7-12 Ast Principal

Vendor Request Form

Prior to processing a payment for goods and/or services a New Vendor Request form must be completed and submitted to the Dakota CUSD #201 District Office. Completed forms provide the necessary information for use internally by District personnel, as well as for federal and state reporting purposes.

Vendor Information	1			
Type of Vendor:	Business Government Ager	=	Business Not for Profit Organ	ization
Name:				
Phone Number:				
Email:				
Business Classification	ı (if applicable)*:	Minority Owned Owned by Perso	Female ins with Disabilities	Owned Veteran Owned
	e (105 ILCS 5/10-17), schools are required ed by a certifying agency (e.g. Cook Coun			ded to minority, female, veteran, small business, or definitions provided in 30 ILCS 5/2.
Mailing Address				
Street:				
City:		State:	Zip:	
Remittance Mailing	Address (if differen	t from above):		
Street:				
City:		State:	Zip:	
Taxpayer Identificat	tion			
	of your current W-9, if m W-9 for guidance if	· ·	with Dakota CUSD #	‡201 please disregard.
Approval				
be utilized for local, federal from backup withholding, of	I and state reporting purpo or (b) I have not been notifi	ses. I further certify that I ied by the Internal Revent	am not subject to backu ne Service (IRS) that I am	. I understand that this information wi p withholding because (a) I am exemp subject to backup withholding as a bject to backup withholding.
Printed Name of Vend	dor Representative:			
Vendor Representative Signature:				Date: