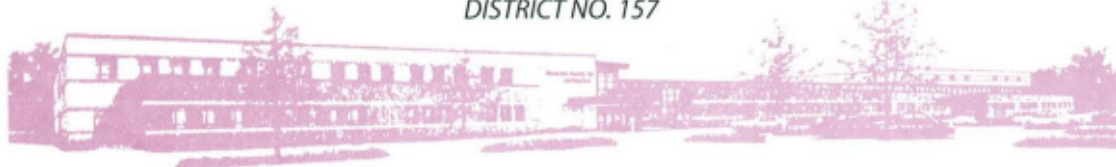


Richmond-Burton Community High School

DISTRICT NO. 157

4213 US HIGHWAY 12, RICHMOND, IL 60071 - PHONE: 815-678-4242 - FAX: 815-675-0415 - WEB: www.rbchs.comDr. Tom Lind
SuperintendentDr. Patrick Enright
Asst. SuperintendentMichael Baird
PrincipalDenise Levendoski
Business Manager/CSBO

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

Vendor Information

Type of Vendor: ☐ Business ☐ Small Business ☐ Government Agency ☐ Government Agency
☐ Other Not-for-Profit Organization

Name: _____ Certifying Entity _____

Phone Number: _____ Fax Number: _____

E-Mail (Used for PO Submissions): _____

Business Classification (if applicable)*: ☐ Minority Owned ☐ Female Owned
☐ Owned by Persons with Disabilities ☐ Veteran Owned

* In accordance with Illinois School Code (105 ILCS 5/10-17), schools are required to publish an annual report identifying the total number of contracts awarded to minority, female, veteran, small business, or disabled contractors/vendors, as certified by a certifying agency (e.g. Cook County, State of Illinois, U.S. Small Business Association) in accordance with the definitions provided in 30 ILCS 575/2.

Mailing Address

Street Address: _____

City: _____ State: _____ Zip Code: _____

Remittance Mailing Address (if different than above)

Street Address: _____

City: _____ State: _____ Zip Code: _____

A W-9 must be attached in order to be set up as a vendor with the District.

Approval

Under penalties of perjury, I certify that the information provided on this form is complete and accurate. I understand that this information will be utilized for local, federal and state reporting purposes. I further certify that 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.

Printed Name of Vendor Representative: _____

Vendor Representative Signature: _____

Date: _____