

Woodville ISD NEW VENDOR INFORMATION

WISD Requesting Department: _____

Name of Requestor: _____

TO BE COMPLETED BY REQUESTOR

Name of Business/Individual: _____

Physical Address: _____

Mailing Address *(if different from physical address)*: _____

Phone Number: _____

Fax Number: _____

Email: _____

Website: _____

TO BE COMPLETED BY WISD BUSINESS OFFICE

Accounts Receivable Contact Name: _____ Accounts Receivable Phone Number: _____

IRS FORM W-9 RECEIVED Date _____

Public School • Tax Exempt • Federal Tax ID 74-6002580

Woodville ISD • 505 North Charlton Street • Woodville, TX 75979

Phone: 409-283-3752 Fax: 409-283-7962

www.woodvilleeagles.org

Accounts Payable: Danita Skinner
accountspayable@woodvilleeagles.org

Assistant Superintendent of Finance: Cody Jarrott

Vendor confirmation by business office. Vendor Number _____