

# Lancaster Independent School District

Finance and Purchasing  
422 S. Centre Avenue  
Lancaster, Texas 75146  
Phone (972) 218-1416  
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## Vendor Information Form

Name of Company (as shown on Federal Tax Return): \_\_\_\_\_

Alternative Name, if applicable (doing Business as): \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Remit to Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Representative/Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number : \_\_\_\_\_ Email Address: \_\_\_\_\_

Website: \_\_\_\_\_ Send order to email: \_\_\_\_\_

Area(s) Of Procurement Services/Products for which the company is requesting consideration:

\_\_\_\_\_

Will these services require access to campus? \_\_\_\_\_ Will these services require direct contact with students? \_\_\_\_\_

**\*A Criminal Background form is required if a representative from the company will be on any LISD campus.**

Is your company a member of any Inter-Local agreements and cooperatives memberships in which your company participates (include contract# on quote) ex. TIPS/TAPS, BuyBoard, CPN, SourceWell, NCPA, CTPA)

\_\_\_\_\_

Are you a Sole Source Vendor for the Procurement Services/Products you have listed? \_\_\_\_\_

If the answer is yes, attach [Sole Source Affidavit](#) to be reviewed. (Original notarized copy)

Please check any of the following that apply to your company:

Women Owned     Minority Owned     Historically Underutilized Business

Please list any school districts you currently or previously are/have worked with: \_\_\_\_\_

\_\_\_\_\_

According to Board approved District Policy, only Purchasing Department personnel are authorized to make commitments to purchase for Lancaster ISD. Lancaster ISD, therefore, assumes no liability for payment obligations except those authorized by properly executed purchase order issued by the Purchasing Department.

Send all invoices to [accountspayable@lancasterisd.org](mailto:accountspayable@lancasterisd.org)