

**MOSS POINT SCHOOL DISTRICT**  
**NEW VENDOR REQUEST FORM MUST BE COMPLETED BEFORE ANY PO BEING ISSUED**

**Does Vendor Accept School District Purchase Orders? YES NO (Circle Yes or No)**

**WHY DO WE NEED THIS NEW VENDOR?:**

DO NOT HAVE A CURRENT VENDOR TO SUPPLY THIS PRODUCT OR SERVICE

THIS NEW VENDOR HAS BETTER PRICING THAN CURRENT VENDOR

OTHER: \_\_\_\_\_  
 \_\_\_\_\_

VENDOR TYPE: SUPPLY  SERVICE

VENDOR NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

**PAYMENT ADDRESS IF DIFFERENT FROM ABOVE ADDRESS:**

STREET ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PAYEE NAME

**BANK NAME FOR ACH BELOW**

CIRCLE CHECKING OR SAVINGS	ABA #	ACCOUNT #
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EMAIL ADDRESS FOR ACH: \_\_\_\_\_

**DOES THIS VENDOR DO ON SITE LABOR?:** YES  NO

**IF YES: CERTIFICATE OF INSURANCE WITH MPSD NAMED AS AN ADDITIONAL INSURED MUST BE FAXED TO THE BUSINESS OFFICE BEFORE NEW VENDOR CAN BE ADDED.**

***Please include 3 references:***

REFERENCES:	NAME	CONTACT	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**W-9 FORM MUST BE ATTACHED**

**1099 Vendor:** (to be marked by business office) YES  NO

UNIT OR PERSON REQUESTING NEW VENDOR: \_\_\_\_\_

EMAIL TO: THIS COMPLETED NEW VENDOR FORM  
**Preferred** COMPLETED W-9 FORM  
 VENDOR'S INSURANCE FORM IF VENDOR DOES ON SITE LABOR

FAX TO: Business Office 228.474.3302  
 SPECIFY IF FOR ACTIVITY FUNDS

EMAIL FOR DISTRICT: [ptkeenan@mpsdown.org](mailto:ptkeenan@mpsdown.org) or [ljkay@mpsdown.org](mailto:ljkay@mpsdown.org)