



# Clint Independent School District Vendor Request Form *(For Internal Use Only)*

Employee Vendor Request Only

Name: \_\_\_\_\_

Campus/Dept: \_\_\_\_\_

TRV

BSDEM

Forward the following to [vendorrequest@clint.net](mailto:vendorrequest@clint.net):

Vendor Request Form

Completed W-9

Conflict of Interest Disclosure

COL (if needed)

## Vendor Sales Information

Vendor/Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Vendor Payment Information

Remit To Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

AP Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*Please provide a detailed description of the goods and services you intend to purchase from this vendor.*

Intended Commodity Code: \_\_\_\_\_ Intended Account Code: \_\_\_\_\_

Which Cooperatives is the vendor a member of?      Region 19 (PC19)      BuyBoard (PCBB)      TIPS (PCTIP)      DIR (PCDIR)      OMNIA (PCOMNIA)  
Goodbuy (PCGB)      Clint ISD (PCCD)      Other: \_\_\_\_\_      N/A

## Campus/Department Approval

Requesting Campus/Dept: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Purchasing Department Use Only \*\***

Contract Code(s) Assigned:

Vendor Approved: ☐ Yes ☐ No - Denial Notes: \_\_\_\_\_

Vendor DBA  
w/SSN Verified

☐ Yes ☐ No ☐ N/A

Director of Procurement: Veronica Campbell

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Conflict of Interest Disclosure Form

**Note:** A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the nominator(s)' other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

This Conflict of Interest Form should indicate whether the nominator(s) has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of the nominated condition to the newborn screening panel. The nominator(s) should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant Federally and organizationally established regulations and guidelines in financial conflicts must be abided by. Individuals with a conflict of interest should refrain from nominating a condition for screening.

Date:

Name:

Position:

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

\_\_\_\_\_ I have no conflict of interest to report.

\_\_\_\_\_ I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_