



DRIPPING SPRINGS INDEPENDENT SCHOOL DISTRICT NEW VENDOR REQUEST FORM

GENERAL INFORMATION:			
Campus:		Date:	
Requestor:			
VENDOR INFORMATION:			
Vendor Name:			
Contact:			
Address:			
City/State/Zip:			
Phone:		Fax:	
Payment Email:			
W-9:			

General Information Section

Give a brief description of goods, quantity and estimated cost. If “**New**” Technology or “**New**” Curriculum Is being requested prior approval from these departments are required:

Approved Technology Signature _____ Date _____
Approved Learning & Innovation Signature _____ Date _____

Human Resources Section

Will the vendor be providing a service? If yes, please answer the questions below:

List Service Type _____
List Service Date(s) _____
List Service Cost _____

Will the vendor come into contact with students while providing the service during the school day or after hours when students may be present? If yes, please answer below:

Will the service be provided on a regular basis or less than 3 days per school year? _____

Approved HR Signature _____ Date _____

Sole Source Section

If Sole Source – A notarized letter from the vendor, on the vendor’s letterhead must be attached. Indicate below exactly what item(s) are Sole Source:

All vendor request are submitted through Skyward. The Vendor Request and W-9 must be attached to the Request. Email valerie.littrell@dsisdtx.us for questions.