

Kyrene Elementary School District
Purchasing Department

8700 S Kyrene Rd
Tempe, AZ 85284
Ph (480) 541-1364
Fax (480) 541-1837

New Vendor Request

Date: _____

Company Name: _____

Representative Name: _____

Email Address _____

Order/Mailing Address:

Billing/Remit Address:

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Services/Products Provided:

To be filled out by Purchasing Staff:

State Contract # _____

Mohave Contract # _____

Other Cooperative Contract Name & Contract # _____

**Please email or fax this form back to Kyrene School District Purchasing Office
Include the Vendor W9 tax ID form if available**

Submitted by _____ Department/School _____