

# PATERSON PUBLIC SCHOOLS



Preparing All Children for College and Career

## Department of Purchasing

90 Delaware Avenue, Paterson, NJ 07503

### VENDOR INFORMATION FORM

#### TO BE COMPLETED BY VENDOR: E-MAIL -& TAX ID ARE REQUIRED

Vendor Name:		
Vendor Address:		(No PO Box Accepted)
City:	State:	Zip:
Contact Name:	E-mail:	
Phone #:	Fax #:	
1099 Yes/No Type:	NJ BRC #	Tax ID Number:
<i>Please note that additional information may be required before any business can be performed, including Business Registration Certificate, Political Contribution Disclosure and Insurance Information.</i>		

#### Vendor Secondary/Payment Address (If any)

Vendor Address:		
City:	State:	Zip:

I declare that no member of Paterson Public School District, nor any office or employee or person whose salary is payable in whole or in part by said District is directly or indirectly interested in this bid/transaction or in the supplies, material, equipment, work or services to which it relates, or in any portion of profits thereof. If a situation so exists where a District member, employee, officer of the PPS has an interest in the bid, etc., then please attach a letter of explanation to this document, duly signed by the president of the firm or company. Also, I have not nor will I make a contribution to any board members of the Paterson Public School district.

Further, it is understood that this vendor understands that no employee of the Paterson Public School District (PPS) has the authority to make commitments or place an obligation on behalf of the PPS. The PPS commits and obligates only through a Purchase Order. The vendor understands that they will not provide any goods or services to the PPS without a Purchase Order unless the intent of the vendor is not to be compensated for the goods or services.

\_\_\_\_\_  
Name & Last Name (Please Print)

\_\_\_\_\_  
Signature

#### FOR DISTRICT (SCHOOLS) USE ONLY

Add Vendor:	<input type="checkbox"/> Check (✓)	Change Vendor:	<input type="checkbox"/> Check (✓)
Requested by:	_____ (Director/Principal/Supervisor)	Date:	_____
Department/School:	_____	Tel./Ext.:	_____
Maximum Contract Amount :	\$ _____	School Yr.	_____
Describe goods/services being purchased: _____			
Check(✓) Purchasing Method : Bid [ ] State Contract [ ] Coop [ ] Quotes [ ] None [ ] Exempt [ ] _____			
Board Approval (DATE): _____		Approved by Purchasing (DATE) _____	

**ATTACH ALL REQUIRED DOCUMENT TO THIS PAGE**