BLOOM TOWNSHIP HIGH SCHOOL DISTRICT 206

VENDOR INFORMATION UPDATE FORM

NOTE: Check all boxes that apply and complete relevant previous/new information blocks thoroughly.

Date: _____ **To:** Alicia Evans, Business Manager/CSBO

From: _____ **Re:** Vendor Profile Information Update

Vendor Name (on W-9): _____

Vendor ID (if known): _____

Information Being Updated (Check all that apply):

☐ Address ☐ Phone ☐ Email ☐ Website ☐ Contact Person

PREVIOUS VENDOR INFORMATION	NEW VENDOR INFORMATION
Contact Person Name	**Contact Person Name**
Mailing / Remittance Address	**Mailing / Remittance Address**
Telephone Number	**Telephone Number**
Email Address	**Email Address**
Website URL	**Website URL**

Reason for Profile Modification / Additional Comments:

You must attach a completed IRS Form W-9.

Authorized Signature: _____ **Date:** _____

Internal Business Office Use Only: **[ ] W-9 Attached & Verified** **[ ] Vendor File Updated in Infinite Visions** **[ ] Approved**