

Shonto Preparatory School - Business Office

VENDOR Information- Please PRINT & check (✓) the box, if it applies.

FEIN or SSN # : _____		W-9: <input type="checkbox"/> (completed and attached)	
*SSN# is required, if the vendor does not have an FEIN (Federal Identification Number)			
VENDOR NAME:			
DBA (Doing Business As):			
PHYSICAL ADDRESS:			
MAILING ADDRESS:			
CITY/STATE/ZIP CODE:			
Vendor Contact & Title:			
Vendor Phone #:		Fax No:	
Vendor Email:			
Web-site Address:			

Please answer the following questions for *Conflict of Interest* review:

Are you an employee of Shonto Preparatory Schools? Yes ☐ No ☐

If you answered yes, then write "employee" on the form and return to Account Tech-Procurement

Are you related to an employee of Shonto Preparatory Schools? Yes ☐ No ☐

If you answered yes, then please provide the employee's name and your relationship to the employee. The Business office will determine whether a conflict of interest exists. If the relationship or relative is based on the Navajo Clan (K'eh) system, then a conflict of interest may not exist. A review will determine the outcome.

EMPLOYEE NAME:

RELATION:

MAIL PAYMENTS (REMITTANCE) TO THE FOLLOWING ADDRESS:

VENDOR HAS NO OTHER PAYMENT ADDRESS, SAME AS ABOVE: ☐

Complete ONLY applicable Information if different then what is provided above.

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VENDOR NAME:			
DBA (Doing Business As):			
MAILING ADDRESS:			
CITY/STATE/ZIP CODE:			
Vendor Contact & Title:			
Vendor Phone #:		Fax No:	
Vendor Email:			
Web-site Address:			

Vendor Input requested by: _____	Dept: _____
Position: _____	Date: _____

BUSINESS OFFICE USE ONLY

Approved By: _____	Date: _____
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