

## GALLUP-McKINLEY COUNTY SCHOOLS VENDOR INFORMATION FORM

Please return this form along with a fully executed [W-9](#) to the Procurement Office.

Purpose of Vendor		
District _____	Student Activity Funds _____	Both _____

Proposed Vendor Information	
<b>Order Address:</b> Purchase Order to be Mailed/Emailed Attach additional sheets if more space is needed	<b>Remit Information:</b> Payment to be Mailed To Please write "Same" if same as Order Address
Name _____	Name _____
Address _____	Address _____
Phone & Fax _____	Phone & Fax _____
Email: _____	Email: _____

Vendors please complete Page 2 and submit to the Procurement Office or [procurement@gmcs.k12.nm.us](mailto:procurement@gmcs.k12.nm.us)

**District Staff Only complete the following:**

Requestor Information	
School or Department: _____	Requestor Name: _____ Requestor Phone # _____
Requestor email: _____	

	<b><u>Yes</u></b>	<b><u>No</u></b>
Is a completed W-9 attached to this request?	_____	_____

	_____	_____
Is this to reimburse a current employee of Gallup-McKinley County Schools?	_____	_____

	<b><u>Yes</u></b>	<b><u>No</u></b>
Is the individual an employee of Gallup-McKinley County Schools?	_____	_____

	_____	_____
Has the individual ever been an employee of Gallup-McKinley County Schools?	_____	_____

	_____	_____
If yes, what is the date the individual separated service from the District?	_____	_____

	_____	_____
Is the individual related to a current GMCS employee?	_____	_____

	_____	_____
If yes, please name the employee(s) and relationship (spouse, child, etc.)	_____	_____

	_____	_____
Does a current GMCS employee have a financial interest in this company?	_____	_____

## VENDOR ACKNOWLEDGEMENT

The Gallup-McKinley County School District (the District) is updating our Vendor files. We welcome and would like all new and current Vendors interested in providing goods and services to the District to please read, and by signing below acknowledge the following policies and procedures, and provide the requested information:

- Purchase Orders:** ALL MATERIALS AND SERVICES PURCHASED **MUST HAVE A VALID PURCHASE ORDER (SIGNED)**. VENDORS **shall be responsible** that no orders are accepted without an **authorized GMCS Purchase Order**, and all delivery tickets/invoices have been signed. **Back order items must be invoiced separately**. When back orders have been picked up or delivered, Vendor will reference the original Purchase Order from which supplies were ordered and further stating that "order is complete". In accordance with §13-1-158, the invoice will be paid when services have been rendered or items are received and inspected at the school site. **All Purchase Orders are for a one time purchase and may NOT be reused. Add-ons or changes shall not be accepted by the Vendor after placement of the original order. FAILURE TO COMPLY WITH THIS PARAGRAPH WILL BE CAUSE FOR THE DISTRICT NOT TO HONOR THE INVOICE.**
- Vendor Information Form:** The Vendor Information Form provides necessary information and is required for a Vendor to be added in the Vendor data base.
- W-9:** An updated W-9 (latest IRS Revision), is required for each Vendor to do business with the District. The Vendor will **NOT** be updated or added in our system if the latest revision is not returned. It is crucial that the Vendor Name and Tax Identification Number (TIN) match the IRS Records.
- QUOTES:** Vendors may be requested to provide a quote for goods or services needed by the District. A quote is an important piece of information and should contain the following: Quote Number, Contact Person and Phone Number, Item Number, Item Description, Unit Type, Unit Price, Shipping & Handling Charges, Tax (if applicable), Total, and Quote Expiration Date.

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I have read and accept the terms of the Gallup-McKinley County School District Vendor policies and procedures. I have provided the requested information necessary to be set up as a new/current Vendor with the District:

\_\_\_\_\_ New Vendor                      \_\_\_\_\_ Current Vendor

New Mexico CRS No.: \_\_\_\_\_

\_\_\_\_\_  
Vendor/Company Name

\_\_\_\_\_  
Business Contact Person (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**GMCS will not update or add vendors if forms are not legible**