

**Western Placer Unified School District
New Vendor Setup Request**

Required Information

Date: _____
Requestor: _____
Vendor Name: _____
Remit to Address: _____
City: _____ State: _____ Zip: _____
Vendor Phone: _____
Vendor Fax: _____

Optional Information

Vendor Contact: _____
Email Address: _____
Website: _____
Additional Information:

REQUIRED ATTACHMENT: W-9 Filled out and signed by the vendor.

When Complete – Send to Ginny Garcia

Fax: 916-645-5295

Email: gigarcia@wpusd.k12.ca.us

Interoffice Mail: Mail to District Office, Business Office

