For Purchasing Office Use Only
Date Processed:
Initials:

Anoka Hennepin ISD No.11 Vendor Master File Request Form

For Finance Office Use Only
Date Processed:
Initials:
New Vendor #:

	Requested By / E	Extension				Date:			
					'			1	
New Vendor: Information Add/Change: Re-Activate: In-Activate:									
Comments/Special Instructions:									
New Vendor Request **When adding a new vendor, this form must be approved by the Purchasing Department**									
Vendor Name:									
Ordering Address:									
	nent Address: ferent)								
Phone #:			Fax #:	-ax #:			Federal Tax ID #:		
Emai	Address:			W	/ebsite:				
Name	e Sort Field (If applica	able):							
Does vendor accept Purchase Orders? (Y/N): Terms (n/30, 2/10):									
Credit Reference Required? (Y/N): Certificate of Tax Exe						t Requir	red (Y/N):		
Item(s) to be ordered or type of service(s) requested:									
Information Change Request									
Vend	or Name:								
Vend	or # / Address #:								
New	Ordering Address:								
	Payment Address: plicable)								
New Phone #:			N	New Fax #:					
Email Address:				V	Website:				
Name	e Sort Field (If applica	able):							

If adding a new vendor please email this form to Carla Ranelle (Ext. 6-1301) in the Purchasing Dept.

If adding or changing information on an EXISTING vendor, please email this form to the appropriate ESC Accounts Payable Department staff or fax to the Accounting Dept. at 763-506-1048.