

Simpson County School District

Add a New Vendor

Vendor #: _____

Purpose of New Vendor: _____

Vendor Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

Federal Id Number: _____

Incorporated? Yes No

Complete this section if payment is to be mailed to a different address

Payee Name: _____

Payee Address: _____

City: _____ State _____ Zip _____