

# OFFICE OF FINANCIAL SERVICES Purchasing

Midland Independent School District 615 W. Missouri Ave., Midland, TX 79701 432-240-1000 • midlandisd.net

#### Midland Independent School District Vendor Request Setup

(For use of Officials, Judges, District Employees, Government agencies)

MISD Purchasing Department - PO Box 2298 Midland, TX 79702 - Phone# 432.240.1960 - Fax# 432-659-5897 Email: purchasing@ midlandisd.net

## ALL FORMS MUST BE COMPLETED FOR VENDOR SETUP (Do not complete if the company does not accept PO's)

| Cho                                  | eck one:              | New Vendor          | Ve      | endor Update |       |
|--------------------------------------|-----------------------|---------------------|---------|--------------|-------|
| Types of goods/services offered:     |                       |                     |         |              |       |
| Name of MISD campus or depart        | rtment requesting     | products:           |         |              |       |
| Legal company name (must mat         | cch EIN):             | t be updated with a | new W-9 |              |       |
| DBA (if applicable):                 |                       |                     |         |              |       |
| Former name (if applicable):         |                       |                     |         |              |       |
| Company Address:                     |                       |                     |         |              |       |
| Street name & number                 |                       | City                |         | State        | Zip   |
| Preferred contact for order fulfi    | illment:              |                     |         |              |       |
| Name                                 | Phone                 | Fax                 |         | Email        |       |
| Please provide any additional instru | ictions for order pla | cements:            |         |              |       |
| Remittance Address:                  |                       |                     |         |              |       |
| Street name & number                 |                       | City                |         | State        | Zip   |
| Preferred contact for payables:      |                       |                     |         |              |       |
| Name                                 | Phone                 | Fax                 |         | Email        |       |
| Has your company provided ser        | vices to MISD?        | YES                 | NO      | If so, what  | year? |
| Are you a retired Teacher?           |                       | YES                 | NO      |              |       |
| Are you required to report earn      | ings to TRS?          | YES                 | NO      |              |       |



#### **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

|   | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.   |   |   |  |  |  |
|---|---|---|---|--|--|--|
|   | 2 Business name/disregarded entity name, if different from above  |   |   |  |  |  |
| Print or type. Specific Instructions on page 3. | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Che following seven boxes.  | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): |   |  |  |  |
|   | Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC   | Exempt payee code (if any)  |   |  |  |  |
|   | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners   |   |   |  |  |  |
|   | Note: Check the appropriate box in the line above for the tax classification of the single-member ow LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the or another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner. | Exemption from FATCA reporting code (if any)  |   |  |  |  |
| cifi  | Other (see instructions)  |   | (Applies to accounts maintained outside the U.S.) |  |  |  |
| Spe   |   |   | nd address (optional)                             |  |  |  |
| See   |   |   |   |  |  |  |
| 0,  | 6 City, state, and ZIP code   |   |   |  |  |  |
|   | 7 List account number(s) here (optional)  |   |   |  |  |  |
| Par   | t I Taxpayer Identification Number (TIN)  |   |   |  |  |  |
|   | your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo  | oid Social sec  | urity number                                      |  |  |  |
| reside  | up withholding. For individuals, this is generally your social security number (SSN). However, for<br>ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other<br>es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>   |   | ] - [ ] - [ ]                                     |  |  |  |
| TIN, later.                                     |   |   |   |  |  |  |
|   | If the account is in more than one name, see the instructions for line 1. Also see What Name a  | identification number   |   |  |  |  |
| Numb  | per To Give the Requester for guidelines on whose number to enter.  |   | -   |  |  |  |
| Par   | t II Certification  |   |   |  |  |  |
| Unde  | r penalties of perjury, I certify that:   |   |   |  |  |  |
| 2. I ar<br>Ser                                  | e number shown on this form is my correct taxpayer identification number (or I am waiting for a<br>n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b)<br>rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest o<br>longer subject to backup withholding; and   | I have not been no  | otified by the Internal Revenue                   |  |  |  |
| 3. I ar   | m a U.S. citizen or other U.S. person (defined below); and  |   |   |  |  |  |
| 4 The   | PATCA code(s) entered on this form (if any) indicating that I am exempt from EATCA reporting  | n is correct  |   |  |  |  |

The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid,

| Sign<br>Here   | Signature of | Date ▶   |  |  |  |  |
|--|--------------|--|--|--|--|--|
|  |              | re not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, late |  |  |  |  |
| acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments |              |  |  |  |  |  |

### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN). individual taxpaver identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,



## MIDLAND INDEPENDENT SCHOOL DISTRICT Vendor ACH/Direct Deposit Authorization Form ACH preferred but optional

| the state of the s |                           |  |  |  |  |
|--|---------------------------|--|--|--|--|
| 1. Please Check One:   |                           |  |  |  |  |
| NEW Direct Deposit   | CHANGE Direct Deposi      | CANCEL Direct Deposit                      |  |  |  |
| 2. Vendor/Payee Information  |                           |  |  |  |  |
| Name:  |                           |  |  |  |  |
| Address:   |                           |  |  |  |  |
| Contact Person's Name (if other than pay   | /ee):                     |  |  |  |  |
| Telephone Number:  |                           |  |  |  |  |
| Email Address:   |                           |  |  |  |  |
| 3. Financial Institution Information- Pleas  | se attach a blank check o | r a letter from your financial institution |  |  |  |
| Bank Name:   |                           |  |  |  |  |
| Bank Address:  |                           |  |  |  |  |
| Name on Bank Account:  |                           |  |  |  |  |
| Bank Account Number:   |                           |  |  |  |  |
| Nine-Digit Bank Routing/Transit Number (ABA):  |                           |  |  |  |  |
| Type of Account: Checking Savings  |                           |  |  |  |  |
| 4. Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize MIDLAND ISD to electronically deposit payments to the bank account designated above. It is my responsibility to notify MIDLAND ISD immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify MIDLAND ISD in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until MIDLAND ISD has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.   |                           |  |  |  |  |
| int Name: Signature: Date:   |                           |  |  |  |  |
| Important Information  |                           |  |  |  |  |
| Please return with vendor packet to purchasing@midlandisd.net  |                           |  |  |  |  |
|  |                           |  |  |  |  |
| For Office of Accounts Payable Use Only  |                           | Date Stamp - Received                      |  |  |  |
| AP Reviewed and Approved:  |                           |  |  |  |  |
| Date:  |                           |  |  |  |  |