



104 East Franklin Street, Quitman, MS 39355 (601)-776-2186. Fax (601)776-1051
Lotis Johnson, Finance Coordinator

Dear Vendor:

The Quitman School District would like to place an order with your company. However before adding you to our vendor list, we require that you complete and return the attached vendor information form along with a copy of your W-9, both signed by an authorized official, to our office at the address, fax number, or email address listed below:

Quitman School District	fax number 601-776-1051
104 East Franklin Street	email aivy@qsd12.org
Quitman, MS 39355	

We sincerely appreciate your cooperation in this matter and look forward to receiving your forms quickly.

Certificate of Liability. For general contractors, engineers, or any vendor performing independent contractor labor on behalf of the Quitman School District will be required to also submit a Certificate of Insurance to include general liability insurance of no less than \$1,000,000 per occurrence, automobile insurance if necessary for the work performed for Quitman School District and workers compensation if required by statute. Please list Quitman School District as the certificate holder at the above address.

Purchase Orders are the vehicles by which Quitman School District uses to place orders for goods and services to vendors. An approved and issued purchase order will include the signature of the Superintendent. The purchase order gives the vendor authority to release and/or ship the requested items and binds the district for payment. You are hereby notified that you should only release and/or ship requested items after you have received an approved Purchase Order Form from the Quitman School District. Quitman School District will not be responsible for items delivered and invoiced before and/or without an approved signed purchase order was issued. Vendor issued contracts that require more detailed terms and conditions must be approved by the Quitman School District Board of Trustees before being executed and before the purchase order can be issued.

Finance Coordinator



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VENDOR INFORMATION FORM

Date: _____

Business Name: _____

Billing Address: _____

Street Address: _____

Email Address: _____

Business Phone: _____ Fax #: _____

Federal Tax ID (EIN) #: _____ DUNS#: _____

Contact Person: _____

Nature of Business: _____

E Verify Participant: _____ Yes _____ No

Printed Name of Authorized Official Signature of Authorized Official

If you wish to receive vendor payments electronically, **effective after July 1, 2020**, please complete the attached vendor ACH/Direct Deposit Authorization Form.
If you have any questions, contact Alicia Ivy at aivy@qsd12.org

Finance Coordinator

Quitman School District Vendor ACH/Direct Deposit Authorization Form

1. Please Check One:

NEW Direct Deposit CHANGE Direct Deposit CANCEL Direct Deposit

2. Vendor/Payee Information

Name: _____

Address: _____

Contact Person's Name (If other than payee): _____

Telephone Number: _____

Email Address: _____

3. Financial Institution Information

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 Quitman School District (QSD) Office of Accounts Payable (AP) to electronically deposit payments to the bank account designated above. It is my responsibility to notify Quitman School District of any changes in status or banking information. I understand that this authorization will remain in full force and in effect until QSD AP has received an updated ACH/DD Authorization Form and has had reasonable time to process it, which should take no longer than seven (7) to (10) business days.

Printed Name: _____ Signature: _____

Date: _____

Please return completed form to aivy@qsdk12.org