



TO BE COMPLETED BY:

Financial Secretary/ Dept. Admin Assistant

RETURN THIS FORM WITH CURRENT W9

INFORMATION

VENDOR NAME

\_\_\_\_\_

DBA

\_\_\_\_\_

PHONE

\_\_\_\_\_

FAX

\_\_\_\_\_

PO EMAIL

\_\_\_\_\_

Reason: Trade Reimbursement Scholarship

I have checked the NC Debarred Vendor listing @ <https://ncadmin.nc.gov/documents/nc-debarred-vendors> and the above vendor is not listed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Vendor Setup: K12 \_\_\_ SFO \_\_\_ Both \_\_\_