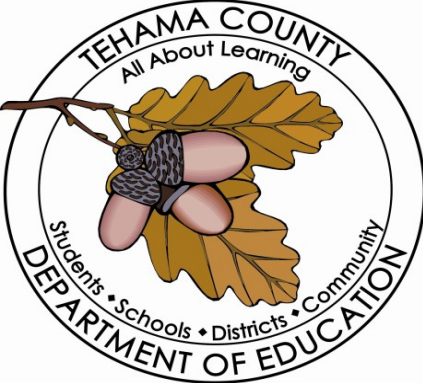


NEW VENDOR REQUEST

Vendor Name:	Category of Goods/Services: (what are you buying?)	 <p style="font-size: small; text-align: center;">TEHAMA COUNTY All About Learning Students • Schools • Districts • Community DEPARTMENT OF EDUCATION</p>	
Address:	Amount of proposed expenditure:		
Remit to Address (if different):	Credit Application Required?		
	W9 Requested (date):		
	W9 Received (date):		
	1099 Vendor?		
	Sole Proprietor?		
Contact Person:	SSN:		
	Federal Tax Id:		
Phone:	State Tax Id:		
Fax:	Comments:		Requested by:
email:			Processed (date):
Website:	Please submit competed form to Roberta Wright in the Business Office		By: