

*** This form is for use by MCS staff ***

1. Please check for a vendor already listed in WVEIS that provides same or similar services/goods.
2. Have you exhausted all efforts to find a vendor listed in WVEIS providing similar services/goods? Yes No
 - o If yes, please complete the form. If no, please follow up with step 1.
3. This requested vendor provides: Goods Services Both Goods & Services
- ✓ Vendor Category Type (check all that apply): Art/Music Books: Classroom/Library Classroom Curriculum
Counselor Computers Exceptional Student Field Trip Food Service Furniture Graduation
Health Hotel Instructional Library Maintenance Office PhyEd Playground Pro/Staff Dev
Reading Safety Science Security Technology Testing Textbooks Transportation
4. Vendor's Full Name: _____
5. Attention: _____
6. Street Address (Required): _____

PO Box (Optional): _____
7. City: _____
8. State: ___ Zip: _____ - _____
9. Telephone Number: (____) ____ - _____ Ext. _____
10. Fax Number: (____) ____ - _____
11. Vendor's E-mail Address for purchase orders: _____
12. _____
MCS Administrator - Requestor's printed name Date
13. _____
MCS Administrator- Requestor's signature Date

MCS staff: Submit completed and signed request form and the vendor's W-9, to:
Angie Wamsley O: (304) 675-4540 x49133 | F : (304) 675-4116 | E : amwamsle@k12.wv.us

Office Use Only: Vendor Number Assigned _____