

\*\*\* 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
  - 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) 675-4117 | E : amwamsle@k12.wv.us