



THE SCHOOL DISTRICT OF PHILADELPHIA

SUPPLIER MAINTENANCE FORM

Date Requested: _____

Add () Change ()

Vendor #: _____

Vendor Name: _____

Vendor Address: _____

City: _____ State: _____ Zip: _____

Vendor Phone #: _____

Vendor Email: _____

Tax ID Information

EIN #: _____ S.S. #: _____

Type of service/products provided: _____

NOTE: The appropriate vendor's documentation must be submitted with this vendor request form that indicates the vendor's remittance and or correspondence address, phone number, and email (e.g. invoice, vendor letter etc.). It can also be faxed to 215-400-4531.

SDP Dept./School Name: _____

SDP Requestor's Name: _____

SDP Requestor's Phone #: _____

For Accounting Purposes Only

Vendor #: _____

Accounts Payable: _____ Date Processed: _____