

**EAST ORANGE SCHOOL DISTRICT
DIVISION OF BUSINESS SERVICES**
199 Fourth Avenue
East Orange, New Jersey 07017-1026
Phone (862) 233-7300 Fax (973) 678-4987
www.eastorange.k12.nj.us

Board Members

Mr. Bergson Leneus, President
Mr. Jenabu C. Williams, MPA, Vice President
Dr. Kristie M. Howard
Mr. Cameron Jones, Sr.
Ms. Marjorie Perry
Ms. Joy B. Tolliver, Esq.
Ms. Terry S. Tucker

Superintendent of Schools

Dr. Kevin R. West

Board Secretary/School Business Administrator

Mr. Victor R. Demming

VENDOR INFORMATION REQUEST FORM

Date: _____

Dear Sir/Madam:

The Internal Revenue Code requires recipients of certain payments to furnish taxpayer information. The law imposes a penalty for vendors who fail to furnish us with their taxpayer identification number. According to P.L. 2004 C. 57, all business organizations that do business with the school districts are required to be registered with the State of New Jersey.

Therefore, in order to comply with the law, please attach a copy of your New Jersey Business Registration Certificate to this completed form and mail or fax the entire package to the address or fax number indicated above.

Taxpayer identification information requested

1. Above addressee is: (check one)

Corporation () Partnership () Individual ()

An East Orange School District employee seeking reimbursement of

Direct expenses () Other () Please specify: _____

2. Taxpayer Identification Number: _____

Federal Employer Identification Number: _____

Social Security Number: (individuals only) _____

3. COMPLETE THE ATTACHED REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION FORM W-9 AND RETURN SAME WITH THIS LETTER.

4. VENDOR CHECKS SHOULD BE MADE PAYABLE TO:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ EXT: _____

FAX: () _____

CERTIFICATION: Under the penalties of perjury, I certify that the information provided on this form is true, correct and complete.

Signature

Date

**THIS SECTION TO BE COMPLETED BY EAST ORANGE
BOARD OF EDUCATION EMPLOYEES ONLY**

Requester's Identification

Name of Person/Department/School

Telephone/Intercom Number

Craig Smith, QPA
Purchasing Agent

craig.smith@eastorange.k12.nj.us
Telephone (973) 266-5742
Fax (973) 676-4821