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 Ms. Terry S. Tucker, Vice President

Dr. Kristie M. Howard Mr. Cameron B. Jones, Sr. Ms. Marjorie Perry

Mr. Jenabu C. Williams, MPA,

Superintendent of Schools

Dr. Kevin R.West

kevin.west@eastorange.k12.nj.us

Board Secretary/School Business Administrator

Mr. Victor R. Demming

VENDOR INFORMATION REQUEST FORM

D	Sin/Madam.			
Dear	Sir/Madam:			
infor taxpa orgai	mation. The law im ayer identification	nposes a penalty for wonder. According usiness with the scho	of certain payments to furnish ta endors who fail to furnish us wit to P.L. 2004 C. 57, all bu ol districts are required to be reg	h their isiness
Busi	ness Registration C		please attach a copy of your New upleted form and mail or fax the d above.	
Taxp	ayer identification i	nformation requested		
1. A	bove addressee is: ((check one)		
C	Corporation ()	Partnership ()	Individual ()	
Α	An East Orange School District employee seeking reimbursement of			
Г	Direct expenses ()	Other ()	Please specify:	
2. T	Taxpayer Identification Number:			
	ederal Employer Ide	entification Number:		
F	cacrar Employer rac			

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

4. VENDOR	R CHECKS SHOULD BE MADE PA	YABLE TO:
NAME:		
ADDRESS:		
	STATE: Z	
	CATION: Under the penalties of	erjury, I certify that the information complete.
Signature		Date
	THIS SECTION TO BE COMPI BOARD OF EDUCAT	ION EMPLOYEES ONLY
	Requester's Ide	<u>ntification</u>
Name	e of Person/Department/School	Telephone/Intercom Number
Craig Smith, QP		craig.smith@eastorange.k12.nj.u:

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

Acting Assistant School Business Administrator