

PURCHASING SERVICES VENDOR REQUEST FORM

COMPANY INFORMATION	
<u>Physical Address</u>	<u>Payment REMIT TO address</u> (if different from physical address)
*Registered Business Name:	*Registered Business Name:
*Address:	Address:
Address 2:	Address 2:
Address 3:	Address 3:
Address 4:	Address 4:
*City:	City:
*Province / State:	Province / State:
*Postal / Zip Code:	Postal / Zip Code:
*Country:	Country:
*Phone #:	Phone #:
*Purchase Order e-mail:	
*HST #:	
*WSIB Certificate (please attach) (services only)	
*Certificate of Insurance (please attach) (services only)	
*Are you or any member of your family a current or former employee of HWDSB?	

*Payment Information	
Please attach a void cheque or bank direct deposit form	<u>Only if outside Canada and USA:</u>
indicating the financial institution number, transit	SWIFT Code:
number, and account number.	IBAN:
	Bank Clearing Standard:
	Bank Clearing Code:
*Remittance Email:	

Signature

Print Name

Title

FOR OFFICE USE ONLY
Vendor Number:
Date Entered:

* To ensure payment, all invoices must be forwarded to the Accounts Payable department at ap@hwdsb.on.ca.

* All vendor information will be the property of the HWDSB and will not be returned, copied or forwarded to any other institution.