

Tioga Independent School District

Bulldog Brave and Bold



Josh Ballinger, Superintendent
Keith Kirkland, High School Principal
Pamela Moore, Middle School Principal
Jana Hansen, Elementary School Principal

NEW VENDOR APPLICATION PACKET

Thank you for inquiring about doing business with Tioga ISD.

Please complete the attached vendor application packet if you are interested in doing business with Tioga ISD and return to the address or email listed below for processing. A completed and approved vendor application and required forms must be on file with the Business Office before Tioga ISD will process any purchase requisitions for any vendor.

Purchase Orders: All purchases must be on a properly drawn purchase order issued by the Business Office before the goods are ordered, delivered or the services are rendered. Tioga ISD will not be responsible for payment of goods or services on unauthorized purchases; persons making unauthorized purchases shall assume full responsibility for all such debts. The purchase order number must be included on all invoices.

Invoicing: It is increasingly important to have the correct address for the United States Postal Service delivery. Please address all original invoices to:

Tioga ISD
Accounts Payable
PO Box 159
Tioga, TX 76271

Invoices may also be emailed to accountspayable@tiogaisd.net

Payment: Invoices will not be paid without a completed purchase order. Payment of a satisfactory purchase order may be expected within 30 days.

Tioga ISD is a tax-exempt organization. If you need an updated copy of our tax exemption certificate please email us at accountspayable@tiogaisd.net.

Please return the enclosed forms to:

Tioga ISD
Accounts Payable
PO Box 159
Tioga, TX 76271

Or you may email them to us at accountspayable@tiogaisd.net.

If you have any questions please contact Sondra Hall at sondra.hall@tiogaisd.net or (940) 202-2536.

Thank you,
Tioga ISD Business Office

TIOGA INDEPENDENT SCHOOL DISTRICT

Vendor Application & Authorization Agreement

Company/Vendor Name: _____

Authorized Representative: _____ Contact Phone: _____

Contact Email: _____

Mailing Address: _____ City: _____ ST _____ Zip _____

EMAIL ADDRESS FOR PURCHASE ORDER SUBMISSIONS: _____

Payment Remittance Address: (if different than above)

Mailing Address: _____ City: _____ ST _____ Zip _____

Description of goods/services you wish to provide the District: _____

Purchasing Co-op Membership(s) you are affiliated with:
(Check all that apply)

- ☐ BuyBoard
- ☐ DIR
- ☐ PACE
- ☐ TxSmartBuy

- ☐ Choice Partners
- ☐ E&I
- ☐ PCA
- ☐ OTHER _____

- ☐ Omnia
- ☐ TIPS-USA
- ☐ CTPA

ARE YOU INTERESTED IN DIRECT DEPOSIT FOR PAYMENT(S)? ☐ YES ☐ NO
(IF YES - Electronic Fund Transfer Agreement (EFT) Form Enclosed)

RETURN COMPLETED APPLICATION & REQUIRED FORMS TO:
TIOGA ISD ATTN: BUSINESS OFFICE, PO BOX 159; TIOGA, TX 76271 OR EMAIL TO
ACCOUNTSPAYABLE@TIOGAISD.NET

For Tioga ISD Internal Use Only

Date Received: _____

Vendor Code/Number: _____

Date Entered into System: _____

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2 ☐ Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐

Yes

☐

No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐

Yes

☐

No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with the governmental entity

Date

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
					-						

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
------------------	--------------------------	------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Tioga Independent School District

PO Box 159

Tioga, TX 76271

(940) 202-2536

accountspayable@tiogaisd.net

Tioga ISD is now offering payment by ACH direct deposit to all Accounts Payable vendors. Payments by ACH are deposited directly into your bank account.

To elect your payment to be made by Electronic Funds Transfer through ACH, please complete Sections 1-3 of the form below, sign in Section 3 and return to the Accounts Payable department by email at accountspayable@tiogaisd.net, or by mail to PO Box 159; Tioga, TX 76271.

ACCOUNTS PAYABLE ELECTRONIC FUNDS TRANSFER AGREEMENT (EFT)

Section 1 – Vendor Information

Name:	
Address:	
City/State/Zip:	Phone:
Last 3 digits of Fed ID or SSN (to verify vendor identification):	
Email Address for Notification of Deposit (REQUIRED):	

Section 2 – Bank Account Information (contact bank ACH department for correct routing number)

Financial Institution Name:	
Financial Institution Address:	
Routing Number for ACH:	
Depositor Account Number:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Section 3 – Authorization

I authorize Tioga ISD to credit my account with the depository named above. If the District should erroneously deposit funds into my account, upon notification by the District I will authorize the necessary debit entries to correct the error, not to exceed the amount deposited in error.	
This authorization will remain in effect until the Tioga ISD has received written notification from me that it is to be terminated.	
Signature:	Date: