

**Charity Vendor Set-Up – One Time Use Only**

**Date:**

**Vendor Name:**

**Vendor EIN:**

**Vendor Address:**

**Phone:**

**Contact Person:**

**School Name: Bookkeeper Name:**

**Reason for Vendor Set Up:**

**Approved By Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DO NOT WRITE BELOW THIS LINE**

**Instructions:**

**Please scan and send the form to Robin Zirnhelt (****zirnhelt@pgcps.org****) in the Business Operations Office (301-952-6082) for processing. Please allow five (5) business days for processing.**

**Received (Date): \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Business Operations**

**Forwarded (Date) to Purchasing: \_\_\_\_\_\_\_\_\_\_**

**Processed (Date): \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Purchasing & Supply Services**

**Principal Signature Required**