## LaRue County Schools

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Hodgenville KY 42748 Carolyn Gardner - Bookkeeper 270-358-4112 carolyn.gardner@larue.kyschools.us

Please complete the attached forms that are necessary for our school and teams to place orders or use your services. You may either e-mail the forms back to me or fax them to the Central Office. The forms are needed to either update your account or add you as a new vendor.

Thank you for your prompt attention to this matter.

Signature of person requesting the documentation

Date request was sent to vendor

LCBOE use only:

The required forms must accompany the white copy of the PO so an encumbrances can be processed in MUNIS. Until this process is entered your remaining balance in MUNIS is INCORRECT.

DATE ALL INFORMATION WAS SENT TO AP

PO #

## **NEW VENDOR FORM**

## RE: Purchasing Terms for LaRue County School District

Our Board of Education meets once a month to approve invoices for payment. For this reason and due to invoices not being received prior to the Board meeting, payments of these invoices may take up to 60 or more days before a company receives payment.

Employee MUST have a Purchase Order number before placing an order.

E-mail all statements to accountspayable@larue.kyschools.us

The LaRue County Board of Education shall not sign any agreement for purchasing that requires payment due within 30 days. Also, no agreement shall be signed that incurs a finance charge for overdue balances on any invoices.

The LaRue County Board of Education is tax exempt. A copy of our tax exempt form is available upon request.

We acknowledge the above statement and agree to waive finance charges incurred for payments made beyond 30 days.

Company name – please print

Authorized signature & date

Please return all forms that are checked below, so we can either update your file or add as a new vendor.

\_\_\_\_\_ W-9

\_\_\_\_\_ new vendor form

If the vendor is doing a service on site at the district then the next two forms are REQUIRED, also

- \_\_\_\_\_ proof of liability insurance (must list the district as an additional insured)
- \_\_\_\_\_ proof of workers compensation