



SUPPLIER APPLICATION

DATE OF APPLICATION: _____	
Supplier's Primary Name and Information: _____ Dba: _____ Address: _____ City, State, Zip Code: _____ Website: _____ Phone Number: _____ Fax Number: _____ Toll Free Number: _____	Federal ID #: _____ (OR) Social Security Number: _____ Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC State of Incorporation: _____ <input type="checkbox"/> Wyoming Resident/In-State-Domestic Claiming Preference Number of Years in Business: _____ Email PO preferred: <input type="radio"/> YES <input type="radio"/> NO Paper PO preferred: <input type="radio"/> YES <input type="radio"/> NO Paper Check preferred: <input type="radio"/> YES <input type="radio"/> NO Direct Deposit (DD) preferred: <input type="radio"/> YES <input type="radio"/> NO <i>IF YES INCLUDE DD FORM FROM NEXT PAGE.</i>
ADDITIONAL SUPPLIER CONTACT INFORMATION:	
Description	Details
General Name: _____ Title: _____	Email: _____ Address: _____ Phone: _____
Accounts Payable: Name: _____ Title: _____	Email: _____ Address: _____ Phone: _____
Purchasing (for email of PO's): Name: _____ Title: _____	Email: _____ Address: _____ Phone: _____
Returns Name: _____ Title: _____	Email: _____ Address: _____ Phone: _____
BY: _____ _____ <div style="display: flex; justify-content: space-between; width: 100%;"> SIGNATURE – AUTHORIZED AGENT DATE </div>	
PURCHASING DEPARTMENT USE ONLY	
Date Received: _____ Date Entered: _____ No.: _____ Input by: _____ W-9 Received: <input type="radio"/> YES <input type="radio"/> NO FEDERAL DEBARMENT CHECK <input type="radio"/> YES <input type="radio"/> NO IRS 1099 ONLY <input type="radio"/> YES <input type="radio"/> NO VENDOR PROVIDES: _____ GOOD/SERVICES/BOTH OR _____ CONSULTANT/SPEAKER ONLY OR _____ REIMBURSEMENT ONLY	
Revised 6/27/22	

This form must be completed, review and a W-9 received for LCSD1 records prior to conducting business with the District. Certificates of Insurance naming the District as additional insured may be required and will be requested where applicable.

For additional vendor questions please contact (307) 771-2117



Direct Deposit Agreement Form

Finance Department
2810 House Avenue
Cheyenne, WY 82001
(307) 771-2156

Authorization Agreement

_____ hereby authorize **Laramie County School District #1** to initiate
(name of vendor)
automatic deposits to the account of the financial institution named below.

Further, vendor agrees not to hold **Laramie County School District #1** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by vendor or by vendor financial institution or due to an error on the part of vendor financial institution in depositing funds to vendor account.

This agreement will remain in effect until **Laramie County School District #1** receives a written notice of cancellation from vendor or vendor financial institution, or until vendor submits a new direct deposit form to the Finance Department.

Transaction type

New Setup **Cancellation** **Change financial information**

Vendor Information

Name of Vendor:		LCSD#1 Vendor Number (District Use Only)
Address:		Phone:
Contact Name and Number:		E-mail:
Please Specify how invoices will be sent:		

Account Information

Name of Vendor Financial Institution:			
Routing Number:			
Account Number:		Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

Signature

Authorized Vendor Signature and Title (Primary):		Date:	
Authorized Vendor Signature and Title (Joint):		Date:	

BIDS/PROPOSALS

Active vendor participation is expected. I represent and warrant that the information set forth above is complete and accurate in all respects. I authorize Laramie County School District Number One to make such investigation of this company, and the information contained on this application, as necessary. I hereby certify that I have reviewed the following regulations as they relate to the Procurement Policies of Laramie County School District Number One and agree to abide by these regulations:

- There are no Laramie County School District Number One employees associated with this firm.
- My firm has been in business at least one (1) year.
- My firm is the size adequate to handle a typical order in the area in which it wants to bid.
- My firm has shown through references a satisfactory record of doing business with companies or governmental agencies in this area.
- My firm will not process orders without a purchase order or Pcard. Verbal approvals or orders with requisition numbers are not permitted.
- My firm understands that competitive bids will be required, to the extent possible, for purchases with a total value over \$50,000 and plans to respond to each formal Invitation to Bid in order to protect our status as an active vendor. My firm also understands that failure to respond three times and my firm may be removed from the bid list.
- My firm will ship all orders as instructed per the purchase order or instructions from the district purchasing office.
- Representatives from my firm will **not** make vendor visits to District buildings, including school locations, without the expressed consent from the District Purchasing Office; and
- Representatives of my firm will, at all times, comply with the District's requirement for ethical behavior including the prohibition of collusive and restraint of trade practices as well as providing gifts or in-kind services to employees of the District.
- My firm will comply by the definition of resident (In-State/Domestic) as follows:
 - a. Any person who has been a bona fide resident (In-State/Domestic) of the state of one (1) year or more immediately prior to bidding upon the contract; or
 - b. A partnership or association, each member of which has been a bona fide resident (In-State/Domestic) of the state for one (1) year or more immediately prior to bidding upon the contract; or
 - c. A corporation organized under the laws of the state with over fifty percent (50%) of its shares owned by persons who have been bona fide residents (In-State/Domestic) of the state for one (1) year or more prior to bidding upon the contract, and which maintains its principal office and place of business within the state; or
 - d. A corporation organized under the laws of the state, which has been in existence in the state for one (1) year or more immediately prior to bidding upon the contract and maintains its principal office and place of business within the state. If over fifty percent (50%) of its shares are owned by non-residents (In-State/Domestic), share of the corporation shall:
 - e. Have been acquired by nonresidents (Out-of-State/Foreign) one (1) year or more immediately prior to bidding upon the contract; or
 - f. Be publicly traded and registered under Sections 13 or 15(d) of the Securities Exchange Act of 1934 and one (1) for more classes of its shares.
- Resident (In-State/Domestic) printer means any person, partnership, corporation or association who has been a bona fide resident of this state, for one (1) year or more immediately prior to bidding upon a contract, and who has an established printing plant in actual operations.