



LOS ANGELES UNIFIED SCHOOL DISTRICT
Title II, Part A, NCLB Private Schools Support
VENDOR APPLICATION FORM

THIS PORTION TO BE COMPLETED BY VENDOR (Please type or print clearly)

- New Vendor
Change of Address

Name: (Last Name) (First Name)

- Taxpayer Identification Number (TIN): Social Security Number:
1099 Reportable? Yes No

HOME ADDRESS:

CITY: STATE: ZIP CODE:

PRIMARY PHONE: WORK PHONE: FAX:

SCHOOL NAME:

E-MAIL:

I certify under penalty of perjury that the information supplied herein is true and correct.

Signature: Date:

THIS PORTION TO BE COMPLETED BY LAUSD REQUESTOR/SPONSOR

LAUSD School/Office: Location Code/Cost Ctr.

LAUSD Requestor Name: Requestor's Employee No:

Signature of LAUSD Requestor: Date:

LAUSD Phone Number: LAUSD Fax Number:

IF ASSISTANCE IS NEEDED TO COMPLETE THIS APPLICATION, CONTACT ROSA RODRIGUEZ AT 213-241-4878

