

CAMPBELL COUNTY SCHOOL DISTRICT NO.1 1000 West Eighth Street PO Box 3033 GILLETTE, WYOMING 82717-3033

Purchasing Dept. Fax (307) 682-2997 Phone (307) 682-5171

endor Name	Date
ailing Address	
ity State Zip	p
RE: W-9 FORM FOR CCSD VENDO	OR FILE
rendors who qualify. Please complet form. Once completed you may fax (Campbell County School District No Please fill in the answers below as the	.1 is required by law to have a signed W-9 on file for all our current te this form letter. Please complete and sign the attached IRS W-9 (307-682-2997), email (purchasing@ccsd.k12.wy.us) or mail 0.1, PO Box 3033, Gillette WY 82717-3033) these two forms. ey apply to you or your company.
Additional Contact Information:	
Phone number ()	Fax number ()
email address	
Payment Remit to address (if different than above)	Vendor Name
	Mailing Address
	City State Zip
Is the above vendor a corpora	ation?
If you answered Yes, please fill of	out the next four lines, sign and return this letter.
Corporate Officer Name	& Officer Title

All payments to your company will be held until this information is received. Thank you for your cooperation in this matter.

David Bartlett Associate Superintendent for Instructional Support

Teaching Effectively - Learning Successfully

