ERATH COUNTY VENDOR REQUEST FORM

Name of Individual Requesting:_____

Department: _____

Vendor Name: _____

Reason for request of this vendor (please be sprecific):

Note: If we already have similar vendors on file, please explain why you would prefer this vendor over our current vendors and what makes them superior to the others.

Do you anticipate using this vendor frequently? YES NO

Do you have any relation (personal or professional) to this vendor? YES NO

If yes, please list your relation?_____

Have the required vendor forms been sent to the vendor? YES NO

Signature: _____

Date: _____

NOTE: All vendors must go through the vendor application and approval process. Vendors are not guaranteed to be approved.

Received by Auditor's Office on:_____