Des Moines Independent Community School District
Division of Purchasing
1915 Prospect Road
Suite 1200
Des Moines, Iowa 50310
Phone (515)242-7751
Fax (515)242-7550

RSSI
6312 Oakton St
Morton Grove, IL 60053
Rebecca Port
Business Manager

October 27, 2015

Re: RFP#7289 Radon Devices & Testing

Dear Rebecca Port:

Your proposal for the above mentioned RFP has been accepted by our Facility Management department to provide long-term sampling devices.

Please complete the attached New Vendor Information Request forms and W-9. Once complete return it to Melissa Read by fax at 515-242-7550 or email at Melissa.Read@dmschools.org. Your district contact will be Tyler Puls. You may reach him at Tyler.Puls@dmschoosl.org to work out the details of the upcoming year's service.

Thank you for your interest in serving the Des Moines Public Schools District and we look forward to a successful business relationship.

Sincerely

JoAnne Khounlo-Philavanh
Purchasing Specialist
Des Moines Public Schools

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Re: New Vendor Information Request

In order to ensure proper delivery of purchase orders and payment for products and services, the Des Moines Independent School Community School District is requesting that all new vendors complete an IRS Form W-9 as well as complete the request for information below. Both forms may be returned to the District by fax @ 515-242-7550 or email @: Melissa.read@dmschools.org. ***Please note, payment will not be initiated on your account until the IRS Form W-9 is fully completed, signed and returned to the District's Purchasing Department with the New Vendor Information Request form. Delays receiving this information will impede payment on your account.***

Company Name:_____

Primary Contact: _____

Secondary Contact:_____

Street_____

P.O. Box:_____

City:_____

State:_____

Zip: _____

Primary Telephone:_____

Cell Phone: _____

Facsimile: _____

E-Mail Address for Purchase Orders: _____

Web Address: _____

Please update your records as well. Our new billing address is:

Des Moines Public Schools
Attn: Accounts Payable
2323 Grand Avenue
Des Moines, Iowa 50312

Signed:_____

Date: _____

By completing and returning this new vendor request form the respondent certifies, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal, State or Local department or agency.

Mark Mattiussi
Purchasing Agent

Des Moines Independent Community School District
Division of Purchasing
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Des Moines, Iowa 50310
Phone (515)242-7751
Fax (515)242-7550

ATTN: VENDORS N-O-P-Q-R-S-T-U-V-W-X-Y-Z

DES MOINES PUBLIC SCHOOL ACCOUNT #: _____
PLEASE MAKE SURE YOUR ACCOUNT NUMBER AND DMPS PURCHASE ORDER NUMBER ARE ON ALL INVOICES

Dear New Vendor:

The Accounts Payable contact for vendors whose business name starts with the letters N, O, P, Q, R, S, T, U, V, W, X, Y, or Z is:

Sheila Webb
Phone – (515) 242-7943

E-mail address: sheila.webb@dmschools.org

PLEASE EMAIL YOUR INVOICES DIRECTLY to Sheila to assist the District's efforts to pay promptly.

Please return any special instructions for payment:

VENDOR NAME: _____

VENDOR ADDRESS: _____

_____

VENDOR REMIT TO ADDRESS: _____

_____

Electronic Payment Option: _____

_____