



St. Louis Public Schools
Finance Division
Procurement Department

EMPLOYEE VENDOR FORM

Request By:

Employee Name:

Employee Home Address:

City:

State:

Zip:

EMPLOYEE VENDOR NUMBER ASSIGNED (Office Use Only)

Assigned employee Vendor number: E _____

Directions:

Email completed form to: Purchasing_Registration@slps.org

Note: Please allow 2-4 business days for request to be completed.