

**ST. LOUIS PUBLIC SCHOOLS
DIVISION OF MATERIALS MANAGEMENT**

REQUEST FOR ALTERNATIVE PAYEE VENDORS

REQUEST BY: _____

CENTRAL VENDOR NUMBER: _____

VENDOR NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TAXPAYER I.D. NUMBER: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

ALTERNATIVE PAYEE VENDOR NUMBER: _____

MM/md