

**Bibb County School District
Procurement Office
4580 Cavalier Drive
Macon, GA 31201**

REIMBURSEMENT VENDOR FORM

This information is for a ONE TIME reimbursement from Bibb County School District, this information will ONLY be utilized to set you up in our accounting database.

Please complete the information and if you have any questions please contact Elaine M. Wilson, Director of Procurement; Procurement@bcsdk12.net; ensure you indicate the School that you are requesting to reimburse you.

Instructions

PLEASE COMPLETE THE REQUESTED INFORMATION BELOW, FOR ALL REIMBURSEMENT REQUEST, OR EMPLOYEE REGISTRATION.

*****This Is a ONE TIME Request, once we SET YOU AS A VENDOR THERE IS NO NEED TO RESEND*****

1. Name: _____
2. Street Address: _____
3. City: _____ State: _____ Zip: _____
4. Country: _____ 5. Telephone: _____
5. Email Address: _____
6. Employee of BCSD: Yes or No: **(If NO, please complete number 7 and 8)**
7. Remit to address for payment (If Different From Above): _____
City _____ State _____ Zip _____
8. Last Four of SSN or Fed ID Number (Tax Purposes Only): _____
9. Reason for Reimbursement _____
10. Name of Student: _____
11. Name of School/location _____