Vendor Questionnaire/Certification

Name of Company					
Street Address		,	PO Box		
City, State, Zip					
City, State, Zip Business Phone Number (Ext,		
Emergency Phone Number	().				
FAX No. ()		E-Mail			
Years in Business		Number	E-MailNumber of Employees		
<u> References – Work previou</u>	ısly done for School				
Name of District 1 2 3			erson/Title	Phone	
	Vendor C	Certification			
Direct/Indirect Interests					
Education or their immediathe supplies, materials, equiprofits thereof. If a situation an interest in the bid, etc., they the president of the firm Gifts; Gratuities; Compens	ipment, work or serven so exists where a label hen please attach a label or company. ation	rices to which it relate Board member, emplo etter of explanation to	es, or in any p byee, officer o this documen	ortion of of the board has nt, duly signed	
I declare and certify that no partnership offered or paid other thing of value to any Board of Education.	any fee, commission	or compensation, or	offered any g	dift, gratuity or	
Vendor Contributions					
I declare and certify that I is contributions to school boat I certify that I am not an of I further certify that I under knowingly make a material or performance of a govern	rd members. ficial or employee or rstand that it is a crir I representation that	f the Barnegat Towns ne in the second degre	hip Board of I se in New Jer	Education.	