

## Direct Purchases for LCS Through Construction Manager at Risk

For Materials Costing \$20,000+ without tax

The CMR forwards at least 3 original Deductive Change Orders to LCS which includes:

1. **A "Purchase Order Request Form".**

The shaded areas on the form are to be completed by the Owner. Italicized writing to be customized by CMR.

2. **A completed "Vendor Application" by supplier and completed W-9.**

LCS verifies addresses with this vendor application and it also enables the LCS accounting department to request new vendor numbers for new vendors. The application must be signed by the specified vendor.

3. **An itemized quote or proposal on the supplier's letterhead or company form.**

The quote/proposal must be itemized to distinguish material cost from any other cost such as tax or installation. Acknowledgements cannot be substituted for proposals/quotes and will not be accepted as such. It is required that the dollar amount for materials on the quote/proposal match the dollar amount on the Purchase Order Request form.

### After Leon County School Board's approval:

LCS accounting department will request purchase orders be issued for direct purchases. A copy of each purchase order will be given to the CMR while the original will be sent to the vendors.

### Process for submittal of invoices:

Invoices must be submitted to the CMR for approval.

1. The CMR is responsible for submitting invoices to LCS with a cover letter for **each vendor**.

The cover letter must include:

Name of Project

Vendor's Name

CMR's Name

LCS Purchase Order Number

Invoice Number, Date and Amount

Grand Total of all Invoices

Printed Name, Phone Number and Signature of CMR's Project Manager

2. **Attach Original Invoices**

3. **Copy of LCS Purchase Order**

All forms are available via email ([atkinsonk@leonschools.net](mailto:atkinsonk@leonschools.net)) on our website (<https://www.leonschools.net/Domain/32>). Please contact Kim Atkinson @ 850-617-1819 with any questions.

# Purchase Order Request Form

[illegible]

# LCS OWNER PURCHASED MATERIAL INVOICE COVER SHEET

DATE:

NAME OF PROJECT:

CONTRACTOR:

VENDOR:

P.O. NO.:

[illegible]

AUTHORIZED FOR PAYMENT:

CONSTRUCTION MANAGER:

DATE:

SIGNATURE \_\_\_\_\_ TITLE: \_\_\_\_\_

SUPERINTENDENT  
Rocky Hanna

BOARD CHAIRMAN  
Dee Dee Rasmussen



LEON COUNTY SCHOOLS  
2757 West Pensacola Street – Tallahassee, FL 32304-2998

**FAX FORM TO: (850) 487-7191**

APPLICATION FOR VENDOR STATUS  
(IRS W-9 Facsimile)

BOARD VICE-CHAIR.  
Georgia "Joy" Bowen

BOARD MEMBERS  
Alva Swafford Striplin  
Rosanne Wood  
Darryl Jones

NEW VENDOR ☐  
UPDATE ☐

COMPANY NAME: \_\_\_\_\_

LEON CO. SCHOOLS EMPLOYEE?

CONTACT PERSON: \_\_\_\_\_

☐ YES ☐ NO

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ FAX NUMBER: (\_\_\_\_) \_\_\_\_\_

CORRESPONDENCE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP + 4: \_\_\_\_\_ - \_\_\_\_\_

REMITTANCE: NAME (if different from above): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP + 4: \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

PLEASE CHECK APPROPRIATE BOX: ☐ Individual/Sole Proprietor ☐ S Corporation ☐ C Corporation ☐ Partnership  
☐ Other \_\_\_\_\_ ☐ LLC – Type (Check one) ☐ C ☐ S ☐ P

TAX IDENTIFICATION NUMBER: \_\_\_\_\_ - \_\_\_\_\_ OR \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Federal Employer Identification Number Social Security Number

Section 6109 of the Internal Revenue Service Code requires you to provide your correct TIN to persons, businesses, or agencies that are required to file information returns with the IRS. Purchase orders will not be issued to vendors who fail to provide a TIN.

PLEASE INDICATE THE FOLLOWING: \*Minority Vendor? ☐ Yes ☐ No Male ☐ Female ☐

\*If yes, certification required –  
(Please submit with form)

Race: Caucasian: ☐ Hispanic: ☐ African American: ☐ Asian: ☐  
American Indian: ☐ Other: \_\_\_\_\_

By: \_\_\_\_\_  
Signature Printed Name Date

LCSB site contact requesting vendor: \_\_\_\_\_  
Name Phone/Email

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
<b>7</b> List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>										
				-				-		
<b>or</b>										
<b>Employer identification number</b>										
					-					

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	<b>Signature of U.S. person ▶</b>	<b>Date ▶</b>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

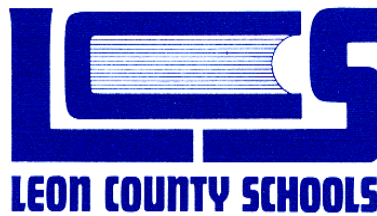
*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

BOARD CHAIR  
DeeDee Rasmussen

BOARD VICE CHAIR  
Georgia "Joy" Bowen



SUPERINTENDENT  
Rocky Hanna

BOARD MEMBERS  
Rosanne Wood  
Darryl Jones  
Alva Swafford Striplin

October 1, 2019

Re: Check Payments Moving to Electronic Payments via ACH

Dear Valued Supplier/Vendor,

The Leon County School District is in the process of transitioning all payments made by paper check to electronic payments. In order to ensure that your payment continues to be processed in a timely manner, please complete the enclosed agreement and follow submission instructions.

Please continue to invoice the Leon County School District as usual. Once the District approves and processes your invoice, an electronic payment will be credited to the account supplied on the enclosed form and the check stub with statement information will be emailed to the address provided. **Just a friendly reminder: on July 1, we began processing vendor payments bi-weekly.**

If you elect the ACH Payment option, please complete all information on the enclosed Authorization for ACH Deposit of Vendor Payments form; review the Electronic Payment Terms and Conditions, sign and email or mail to:

[MarschkaK@leonschools.net](mailto:MarschkaK@leonschools.net)

Leon County Schools  
Finance Department  
Attn: Kristin Marschka  
2757 West Pensacola Street  
Tallahassee, Florida 32304

2757 West Pensacola Street • Tallahassee, Florida 32304-2998 • Phone (850) 487-7110 • Fax (850) 414-5194 • [www.leonschools.net](http://www.leonschools.net)  
*"The Leon County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, or genetic information."*

**Building the Future Together**

Board Date: \_\_\_\_\_  
Item No.: \_\_\_\_\_

## Change Order

<b>PROJECT:</b> (Name and address)	<b>CONTRACT INFORMATION:</b>	<b>CHANGE ORDER INFORMATION:</b>
_____	Contract For: _____	Change Order Number: _____
_____		
_____		
_____	Date: _____	Date: _____
<b>OWNER:</b> (Name and address)	<b>ARCHITECT:</b> (Name and address)	<b>CONTRACTOR:</b> (Name and address)
Leon County Schools	_____	_____
3420 W. Tharpe Street, # 100	_____	_____
Tallahassee, Florida 32301	_____	_____

### THE CONTRACT IS CHANGED AS FOLLOWS:

(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

The original contract sum was:	\$
The net change by previously authorized Change Orders	\$
The Contract Sum prior to this Change Order was	\$
The Contract Sum will be _____ by this Change Order in the amount of	\$
The new Contract Sum including this Change Order will be	\$
The Contract Time will be _____ by _____	
The new date of Substantial Completion will be _____	

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

**NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.**

_____	_____	Leon County Schools
<b>ARCHITECT (Firm name)</b>	<b>CONTRACTOR (firm name)</b>	<b>OWNER (firm name)</b>
_____	_____	_____
<b>SIGNATURE</b>	<b>SIGNATURE</b>	<b>SIGNATURE</b>
_____	_____	_____
<b>PRINTED NAME AND TITLE</b>	<b>PRINTED NAME AND TITLE</b>	<b>PRINTED NAME AND TITLE</b>
_____	_____	_____
<b>DATE</b>	<b>DATE</b>	<b>DATE</b>