



Vendor Packet

Dear Prospective Instructor / Tutor / Service Provider;

CyberLynx welcomes tutors, instructors and instructing institutions of art, music, dance, and physical education to join our vendor list. We also encourage local in-state business owners to provide appropriate non-doctrinal products for homeschoolers. We do require a current copy of your business license. If you have a prepared brochure, pamphlet, or other publication which includes the information listed below, you may send that to us.

Please use the check list below to make sure that you have submitted all the appropriate documentation:

- ☐ Vendor Information Form
- ☐ W-9 Tax form (required if you wish to receive payment directly from CyberLynx)
- ☐ Direct Deposit Form
- ☐ Current Business License
- ☐ Requested Information if providing services (Lesson plans, Brochures, Pamphlets, etc.)

PLEASE NOTE: CYBERLYNX IS A TAX-EXEMPT ORGANIZATION.



Vendor Information Form

Vendor Name / Company Title: _____

(This should be the same as the business name on the W-9)

Nature of your service: _____

(i.e. – math tutor, gymnastics lessons, art instructor, etc.)

To what name do you want your payment checks made? _____

Mailing Address: _____

Street / PO Box

City

State

ZIP

Phone Number:

Fax Number:

Email Address:

Website:

Do you want to send us a **PRICE QUOTE** and accept a **PURCHASE ORDER** from us for goods or services? Yes No

If you expect to provide services for an extended period other than just a few lessons, you should make certain that the family has adequate funds remaining in their allotment with us to make payment. You may send a price quote for the service if you expect to provide for whatever period you wish within the fiscal year. After you receive the purchase order from us, you may provide the service and submit an invoice which must have the purchase order number clearly stated.

Do you prefer to be paid directly from the parent? (We refer to this as **REIMBURSEMENTS ONLY**) Yes No

Parents must make payments to you and then they are responsible for submitting proof of payment to us for reimbursement. Please provide an itemized receipt (proof of payment) including:

- ___ Your vendor name
- ___ Date of payment
- ___ Number of lessons, dates of lessons, and name of student
- ___ Amount paid by parent
- ___ Method of payment (check & number, cash, or credit card)
- ___ Your signature

Vendor Signature

Date



Price Quote for Services

Vendor Name

Date

Mailing Address

Phone

City, State, ZIP

Email

Services to be provided:

Expected number of sessions:

from:

to:

Proposed billing periods:

monthly:

☐

quarterly:

☐

semester:

☐

(First Name)

(Last Name)

(Amount)

(First Name)

(Last Name)

(Amount)

(First Name)

(Last Name)

(Amount)

(First Name)

(Last Name)

(Amount)

Family Name

Address

City, AK Zip

Vendor or Parent signature

Date

NENANA CITY SCHOOL DISTRICT

PO Box 10, Nenana, AK 99760-0010

FROM: FINANCE DEPARTMENT

E: finance@nenanalynx.org

P: 907-832-5400

F: 907-832-5468

RE: Payment Processing

Please choose one:

☐

I would like to receive direct deposits into my bank account

☐

I would like to receive paper checks in the mail

If you choose EFT, please fill out the following information:

Name that is on the account (your first and last name or business name):

Your bank's routing number: _ _ _ _ _

Your bank account number: _____

E-mail address that we will send the payment advice to:

Your signature: _____ Date _____

Joe Smith		1234
1234 Anystreet Court		
Anycity, AA 12345		
Pay to the order of _____		
_____		Dollars
Bank Anywhere		
* 123456789 * 123456789123 *1234		
Bank Routing Number	Bank Account Number	Check Number (Do not use)