Form SWP - 001

Alabama Statewide Procurement Program (SWP)

Participation Site Information Sheet

Please provide the following information for each eligible site that is to be added to the Statewide Procurement Program. This form should also be used to change information for an existing site. Please be sure to submit a form for each site that is to be deleted from SWP.

Check one: □ Add □ Change □ Delete

1) Name of school ________________________________________________

2) Anticipated Start Date _________________________________________

3) School Phone Number (___ ___) ___ ___ ___ --- ___ ___ ___

4) School Fax Number (___ ___) ___ ___ ___ --- ___ ___ ___

5) School System Account Code (three digits) ________

6) School Account code (four digits) ________

7) Distributor Customer # __________________ SWP Region #__________

8) Street Address (physical location – not mailing address, include zip code)

________________________________________________________________
________________________________________________________________
________________________________________________________________

9) Contact Person (Lunchroom Manager) ____________________________

10) Grades taught at the school _____________________________________

11) Enrollment ____________________________________________________

12) Submission Date______________________________________________

13) Authorized Signature__________________________________________

This form can be completed on line or copied as a blank form and then typed manually. Either way the form must be faxed when completed to (334) 353-5388.