

NEW BUSINESS WALKTHROUGH

Please note: Suppliers being paid via ACH or ePay is a requirement in order to be a supplier for UF.

Documents you will need:

- W9
- Image of voided check

OR

- Bank statement that shows business name, bank name, and account number. All other information on the statement can be redacted.

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SUPPLIER PORTAL

The University of Florida welcomes suppliers interested in doing business with the university. We strive for an open and competitive process with our suppliers in order to foster a mutually beneficial relationship.

SUPPLIER PORTALS

[New Supplier](#) ←

Click "New Supplier."

WelcomeIdentifying InformationAddressesContactsPayment InformationSubmit

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Welcome - Step 1 of 6

UF

UNIVERSITY of
FLORIDA

Supplier Portal

For additional information and required forms, please visit University Disbursement Services supplier website.
[Supplier Information](#)

Select an activity below: ?

☒ Start a new registration form

What type of entity do you represent?

☐ None

☒ US Company (EIN) ← Select "US Company."

☐ US Citizen or Resident (SSN)

If you are an international supplier, please reach out to payroll-services@ufl.edu as they are the department that reviews and approves international suppliers.

☐ Continue from where you left

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* Required field

Unique ID & Company Profile ?

* Tax Identification Number This is your EIN (Employee Identification Number) with no hyphen.

* Supplier Name Your company name

Doing Business As (if applicable) Leave blank if you do not have a dba.

Supplier Website Leave blank if you do not have a website. [Open URL](#)

* Classification Select "Outside Party."

*Please attach W-9 form [W-9 Form](#) [Add Attachment](#) ← This is where you will attach your W9. If you need a W9, click "W-9 Form" to download, fill out, and attach to your registration.

Profile Questions ?

* Provide the email address of the UF department contact you are working with. Enter your UF department contacts email address you are working with.

* Conflict of Interest Information: Does any UF employee, or spouse, child, or relative* of a UF employee have an ownership interest of 5% or more in this Select "No" in the drop down if NO UF employee has an ownership interest of 5%.

COI 1A: Please provide the name(s) of the UF employee(s) and a detailed explanation of the business this entity intends to do with LIE If yes is selected you must answer the three below questions.

COI 1B: Does this entity intend to accept payment from a UF division, department or office affiliated with any above-named LIE employee(s)? If YES, please explain

COI 1C: Does any UF employee have direct or indirect involvement, or any oversight whatsoever, of the business this entity intends to do with LIE? If YES

Business Classification or Designation (If Applicable)

Certification Source (If Applicable)

* Certification Document (Required if Certification Source is selected) [Add Attachment](#)

* General Liability Insurance Document (If Applicable) [Add Attachment](#)

General Liability Insurance Expiration Date

* Workers' Compensation Insurance Document (If Applicable) [Add Attachment](#)

Workers' Compensation Insurance Expiration Date

* Vehicle Insurance Document (If Applicable) [Add Attachment](#)

Vehicle Insurance Expiration Date

If you have the certifications asked, please attach them. If you do not have any certifications to add, please leave this section alone and continue with the registration process.

If you are a small business, please attach your small business certification.

UNSPSC(?)

UNSPSC-United Nations Standard	Description
<input type="text"/>	<div>Please note you can skip the UNSPSC part if you prefer otherwise...</div> <div>In regards to the UNSPSC Code, all you need to do is click the magnifying glass next to the box under UNSPSC and a pop-up box should appear. Click "Look Up" and a list of codes should come up. Select the option that matches (as close as possible) the type of good or service you provide. Our departments can use that code to bring up a list of suppliers who offer that good/service so feel free to select more than one if it applies.</div>

Add Additional Code

Addresses - Step 3 of 6

Primary Address (W-9) ?

* Country

Address 1

Address 2

Address 3

City

State

Postal

Business Phone Ext

Please enter your mailing address and phone number. If you have a remit address please include it by clicking on "Remit to Address" and enter address.

Other Addresses ?

Check boxes below to indicate addresses that are different from your Primary Address above:

☐ Remit To Address

Address for remitting payment

☐ Sales Address

Address for sales

☐ Ordering Address

Address for sending orders

Exit

Save for Later

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Contacts - Step 4 of 6

Company Contacts ?

You have not added any contact information to your application. Choose "Add Contact" to add new contact information.

Add Contact

Select "Add Contact" to enter your contact information.

Exit

Save for Later

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* Required field

Payment Information - Step 5 of 6

Attachments ?

*Requested Payment Terms Net 30 Default is Net 30. Leave as is.

*Ordering Address

*Remit Address

Use the drop-down menu for these two items to select your "Primary Address."

☒ Enable Email Payment Advice

*Email Address

Payment Method

Select "Direct Deposit."

PO Dispatch Email

PO Dispatch Fax

For more information click here. [Link to Guide](#)

If you are unable to use ePayables or Direct Deposit and require payments to be made via a check, leave the Payment Method and Banking Information blank and add a justification in the comment box below why an electronic form of payment cannot be accepted.

Supplier Banking Information ?

Country United States

Bank Name

Click the drop down and select your account type.

Bank ID Qualifier United States Bank

Account Type

Bank Routing Number

Bank Account Number

Attachments ?

Add Attachment

This attachment is important. Please attach either an image of a voided check or bank statement that shows your business name, bank with, and account number. All other information on the statement can be redacted. You do not need to upload both backups. Choose either an image of a voided check or bank statement showing needed information.

Comments ?

Comments

Exit

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Submit - Step 6 of 6

Select the "Review" button to review the registration information.

Click the "Submit" button to submit your registration after reviewing and accepting following Terms of Agreement.

If not shown below, please add your email along with the UF department contact's email address in the following format: your email address semicolon department contact. Example- potentialsupplier@gmail.com; departmentcontact@ufl.edu

This will send communication regarding this registration to you as well as the department contact you will be working with.

Yours and your UF contacts email address will prepopulate here.

Reconfirm your email address and UF contacts email address and submit. You are finished!

UF Supplier Management will email you directly with any questions about your information if needed.

Thank you!

Make sure you read terms of agreement fully before submitting your registration.

☒ Select to accept the Terms of Agreement below.

[Terms of Agreement](#)

Review

Submit

Exit

Save for Later

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