

INACTIVE SUPPLIER FILE? IMPORTANT, PLEASE READ!

If you are an individual that used your social security number as your Tax ID please include the following document;

1. Supplier Tax Information Form

If you are a business that used a EIN (Employee Identification Number) as your Tax ID please include the following document;

1. W9

You can find all required paperwork on the homepage of the Supplier Portal website. Please scroll down to "Required Supplier Information" and download the needed documents.

INTERNATIONAL SUPPLIERS! PLEASE READ!

Please note that all international suppliers must be sent to Tax Services for approval before being able to reactivate your inactive file. Please send the appropriate W8 to the department you are working with so they can forward it to Tax Services at taxhelp@ad.ufl.edu. Once they have reviewed and approved your request they will forward to us to be updated in the supplier system.

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.

UF DEPARTMENTS

For a supplier to register or change their existing information with the University of Florida, send an email to the supplier directing them to this website. Links to the portals are below. The Supplier Maintenance team will need to be cc'd at addsupplier@ufl.edu. Download the [UF Supplier Portal Email Template](#), unzip and open the .oft file in Outlook.

Employees needing to change address or banking information for their supplier file should navigate to:

[Main Menu](#) > [Financials](#) > [Suppliers](#) > [Supplier Change Request](#) > [Initiate Supplier Change in the myUFL portal](#)

SUPPLIER PORTALS

[New Supplier](#)

[Existing Supplier Changes](#) ←

[Instruction Guide for the Registration Process](#)

Related Articles

- [Required Supplier Forms](#)
- [Maintaining the Supplier File](#)
- [Adding Suppliers](#)
- [1099s](#)

Please be sure to have your forms ready. Please note there is no save for later option for the existing supplier change portal.

After retrieving your needed documents please be sure to click on "Existing Supplier Changes."

This will be your social security number or EIN depending on which you used to create your file.

Only use this portal if you already have an existing supplier file. If you do not have a supplier file already go back to the portal home page and select "New Supplier."

Welcome

Company Profile

Addresses

Contacts

Payment Profile

Submit

Previous Next

Welcome Supplier Portal Guest Account

(UF Supplier)

Review Changes

In this portal, you can make changes to your existing information. Before you begin please have the [Supplier Tax Information form](#) filled out as you will be required to attach a copy on the next page.

You only need to make the changes necessary. You do not have to re-enter any fields or forms that need no changes.

Taxpayer Identification Number

Review Changes

Previous Next

[Welcome](#)
[Company Profile](#)
[Addresses](#)
[Contacts](#)
[Payment Profile](#)
[Submit](#)

[Previous](#)
[Next](#)

Company Profile for UF Supplier

[Review Changes](#)

Please make sure to enter a Supplier Name and Attach the Supplier Tax Information Form under the Profile Questions

Unique ID & Company Profile

*Supplier Name

Doing Business As (if applicable)

Expand All Collapse All

UNSPSC Codes ?

Profile Questions

*Supplier Tax Information Form

Attachments (1) [Add/View Attachments](#)

Provide the department and the department contact you are working with

Email or fax number where purchase orders should be sent

Business Classification or Designation (If Applicable)

[Select](#)

Certification Source (If Applicable)

[Select](#)

*Certification Document (Required if Certification Source is selected)

Attachments (0) [Add/View Attachments](#)

*General Liability Insurance Document (If Applicable)

Attachments (0) [Add/View Attachments](#)

General Liability Insurance Expiration Date

*Workers' Compensation Insurance Document (If Applicable)

Attachments (0) [Add/View Attachments](#)

Workers' Compensation Insurance Expiration Date

*Vehicle Insurance Document (If Applicable)

Attachments (0) [Add/View Attachments](#)

Vehicle Insurance Expiration Date

[Review Changes](#)

[Previous](#)
[Next](#)

Type in the name your supplier file was created under.

Please note if you need to change your PO email or fax number, do so by filling out the appropriate field. Please be sure to fill out any other updates and attach documents you may need to attach.

[Welcome](#)
[Company Profile](#)
[Addresses](#)
[Contacts](#)
[Payment Profile](#)
[Submit](#)

[Previous](#)
[Next](#)

Addresses for UF Supplier

[Review Changes](#)

Description	Address Line 1	Change Action	Change Effective Date
Add New Address			

[Review Changes](#)

[Previous](#)
[Next](#)

If you have an address or more to update, click on "Add New Address" and fill out the address page accordingly.

Welcome Company Profile Addresses **Contacts** Payment Profile Submit

Previous Next

Contacts for UF Supplier

[Review Changes](#)

Name	Address	Change Action	Change Effective Date
<input type="button" value="Add New Contact"/>			

Have a new contact to add or need to replace one? Click on "Add New Contact" and add necessary information for contact.

[Review Changes](#)

Previous Next

Payment Profile

Payment Profile for Main Location

[Expand All](#) [Collapse All](#)

Be sure to attach one of the below required backup documents needed to be set up for direct deposit payments.

Attachments

***Please note that in order to add your Direct Deposit information we must have one of the following forms of account verification:

1. A voided check which confirms the account/routing number you have provided. No starter or counter checks accepted.
2. A copy of the bank statement that lists and confirms the account #, Bank name and account holder's name. All balances and transactions should be redacted.

Attach below

Attachments

Bank Accounts

Default	Beneficiary Bank	Bank ID Number	Branch Name	Branch ID	Bank Account #
<input checked="" type="checkbox"/>					

← Next click "Add Bank Account" to add your new or updated banking information.

Add New Supplier Bank Account

Bank Accounts

Description

Country United States

Bank Name

Bank ID Qualifier United States Bank


Account Type

Bank Routing Number


Bank Account Number

Instructions (add, correct, remove, update?)

Payment Profile for UF Supplier


 [Review Changes](#)

To update your Banking information please click on the pencil icon and then the Add Bank Account button.

Description	Change Effective Date	Default	Edit
Main Location	09/09/2020	<input checked="" type="checkbox"/>	

*Required Field

When you are done entering your ACH information you will be brought back to this screen where you can click on "Next" to continue.

 [Review Changes](#)

[Previous](#) [Next](#)

Welcome

Company Profile

Addresses

Contacts

Payment Profile

Submit

[Previous](#) [Next](#)

Review and Submit Changes for UF Supplier

Use the "Review" button to review changed information.

Use the "Submit" button to submit your change request.

Email communication regarding this request will be sent to:

Confirm Changes

[Review](#)

[Withdraw](#)

[Submit](#)

Review your submission if necessary. Otherwise enter your email address and then click on the "Confirm Changes" button.

Your Existing Supplier Change request will be sent to the Disbursement Services Department for review and approval. If any additional information is required you will be contacted.

[Previous](#) [Next](#)