

# SUPPLIER UPDATE FORM (SUF)

## HELPFUL HINTS

This guide is provided to ensure that you have the information you need to accurately complete the SUF so that your request will be timely processed.

Please note the green highlighted areas. If these errors are present, your form will be returned for correction. Each section of the SUF is broken down individually. Sections outlined in black are exact copies of sections of the SUF. Items highlighted in yellow and capitalized are of high importance.

### Introduction:

Please READ the instructions at the top of the form carefully. You MUST follow all instructions to ensure your request will be processed and not returned for corrections.

Agencies MUST use this form when requesting changes to an EXISTING supplier file. There are no exceptions. This form is NOT for supplier use. We request that you fill the form out in all CAPS. Our staff copies and pastes the information that you have entered on the SUF to decrease the number of typographical errors. Entering information in all CAPS helps us maintain USPS standards.

The SUF is the ONLY way for an AGENCY to update an existing supplier.

The image shows the cover page of the 'Supplier Maintenance Supplier Update Form'. The page features the logo for the Tennessee Department of Finance & Administration, Division of Accounts. The title is 'Supplier Maintenance Supplier Update Form' with a subtitle 'For existing suppliers in Edison'. A 'Submit' button is visible. Several key elements are highlighted with red boxes and annotated with red arrows pointing to callout boxes:

- The text 'Emergency Requests are the only exceptions' is highlighted in a red box.
- The text 'For existing suppliers in Edison' is highlighted in a red box.
- The text 'Must use' is highlighted in a red box.
- The text 'submitted to Supplier.Maintenance@tn.gov' is highlighted in a red box.
- The text 'Submit' is highlighted in a red box.
- The text 'ALL CAPS' is highlighted in a red box.

The main body text reads: 'This PDF fillable form must be used by state agencies to request changes to existing suppliers in Edison. The form and required supporting documentation must be submitted to Supplier.Maintenance@tn.gov using the Submit button at the end of this form. The IRS W-9 and other supporting documentation must be completed according to the Supplier Maintenance General IRS W-9 Requirements, IRS W-9 Summary Instructional Table, Remittance Address Documentation Requirements, and Address Standards documents located on the Division of Accounts TeamTN Accounting Job Aids website. All entries on this form must be in ALL CAPS.'

Callout boxes provide additional context:

- 'Emergency Requests are the only exceptions' points to the 'Emergency' section of the form.
- 'Must use' points to the 'Submit' button.
- 'This ensures that all information can be copied and pasted and decreases errors.' points to the 'ALL CAPS' requirement.

## Section 1: Current Supplier Information in Edison

Fill out this section with the current Supplier information. Before starting this section, you should run the TN\_AP33C\_VENDOR\_SEARCH. To run this search, enter the ten-digit Supplier ID (Vendor ID), then hit search. Review to see if the changes you are requesting are already in Edison. Once you have reviewed this Query and are sure your request is needed, fill out section 1. Enter the supplier ID with all leading zeros. The Supplier Name **MUST** be entered on this form **EXACTLY** as it is showing in Edison. If it is abbreviated differently or not an **EXACT** match, your request **WILL BE RETURNED**. The taxpayer ID must be entered without dashes and **MUST EXACTLY** match what is in Edison for the Supplier ID. If they do not match, your request **WILL BE RETURNED**.

**SECTION 1: Current Supplier Information in Edison (All fields are required) STOP! DO NOT proceed until you have reviewed the supplier's information already in Edison using Query TN\_AP33C\_VENDOR\_SEARCH.**

10 Digit Supplier ID in Edison:  Must include leading zeros

\*Supplier Name field in Edison:

Taxpayer Identification Number (TIN) in Edison (no dashes):  Must match what is in Edison, no dashes MUST EXACTLY match what is in Edison. Cannot use abbreviations unless in Edison

## Section 2: Request Changes to Identifying Information tab in Edison.

Fill out this section to request a Name Change or a change of W-9 Business Type. For this section to be processed, you **MUST** include a new W-9. The name on line 1 of the new W-9 **MUST EXACTLY** match the new name you are requesting, and the new W-9 Business Type **MUST** be marked on line 3 of the new W-9. The address on the W-9 **MUST** be the same as Address 1 in Edison **UNLESS** you are also requesting a change to Address 1. If the W-9 does not exactly match your request, then the request **WILL BE RETURNED**.

**SECTION 2: Request Changes to Identifying Information tab in Edison (IRS W-9 attachment required to request these changes) Check the box(es) and complete the associated fields to request changes.**

Change \*Supplier Name field in Edison to:

Change W-9 Business Type in Edison from  to

W-9 name must exactly match the name requested for change. No abbreviations. W-9 Section 3 must match the W-9 Business Type requested. W-9 Address must be the same as Address 1 unless requesting to change Address 1

### Section 3: Request to add an Address or change Address(es)

This section is broken down into 4 parts. In this section you can (1) add a new remittance address, (2) Change a Remittance Address for address #2 or greater, (3) Change a 1099 Address (this is always Address 1), (4) Add or change a Payment Alternate Name. All information **MUST** meet the Supplier Maintenance Address Standards. These may be found on the Division of Accounts Accounting Job Aids Website. You **MUST** mark the box in this section that pertains to your request. We will **ONLY** make updates to information that is requested and that has the proper documentation. If a request is unclear or does not contain the required attachments, it **WILL BE RETURNED**. See the requirements for each of these requests below.

#### ADD A REMITTANCE ADDRESS

To add a new Remittance Address, you **MUST** include an invoice or a signed memo on company letterhead. The address on the invoice or memo **MUST EXACTLY** match what you enter in this section or it **WILL BE RETURNED**.

### SECTION 3: Request to Add Address(es)

Check the box(es) to request to add or change a supplier's address(es) in Edison. The arrow ( > ) icon indicates the supporting documentation required for each request type selected. The fields marked with an asterisk (\*) are address fields must follow the **Supplier Maintenance Address Standards** PDF located on the Division of Accounts TeamTN Accounting Job Aids website.

To add a Remit Address only, attach an invoice or signed memo on company letterhead. Address on Invoice or memo **MUST EXACTLY** match the address entered here.

**Add Remittance Address** *If more than one remittance address needs to be added, another **Supplier Update Form** must be completed.*

> *Invoice to or from supplier or signed memo on company letterhead attachment required supporting the information below*

\*Payment Alternate name:

\*Street Number and Name:

\*City:  \*State:  \*Zip:

## CHANGE A REMITTANCE ADDRESS

To change a remittance address for Address 2 or greater, you **MUST** enter the address number that you want to change. An invoice or a signed memo on company letterhead must be attached with this request. **The address entered as "To" MUST exactly match what is on the invoice or memo.** The address entered as "From" **MUST** exactly match what is in Edison. If either of these do not match your request **WILL BE RETURNED**. You can only update one address per form. For multiple address changes, you **MUST** submit additional SUF forms. If you submit multiple requests on this form your request **WILL BE RETURNED**.

**Change Remittance Address (Address ID 2 or greater)**

➤ Invoice to or from supplier or signed memo on company letterhead attachment required supporting the To: information below

\*Address ID:  Only one Address ID can be entered in this field. If more than one Address ID needs to be changed, another **Supplier Update Form** must be completed.

**From:** \*Street Number and Name:   
 \*City:  \*State:  \*Zip:

**To:** \*Street Number and Name:   
 \*City:  \*State:  \*Zip:

"TO" address **MUST** exactly match the invoice or memo submitted

"FROM" Address **MUST** exactly match what is currently in Edison

You **MUST** enter the Address number you want changed. One Address per form. New form for each change.

Remit Address attach an invoice or signed memo on company letterhead. Address on Invoice or memo **MUST EXACTLY** match the address entered here

## CHANGE 1099 ADDRESS (Address ID 1)

This section is also used to change a 1099 address. You must put a check in the box "Change the 1099 Address". This **ONLY** applies to address 1 and a new W-9 **MUST** be attached with the new address. The "From" address **MUST** exactly match Edison or your request **WILL BE RETURNED**. The "To" address **MUST EXACTLY** match the W-9 or your request **WILL BE RETURNED**. "Change 1099 Address" **CANNOT** be used to change address 2 or greater.

**Change Address ID 1 (1099 Address)**

➤ IRS W-9 attachment required supporting the To: information below

**From:** \*Street Number and Name:   
 \*City:  \*State:  \*Zip:

**To:** \*Street Number and Name:   
 \*City:  \*State:  \*Zip:

**MUST** have new W-9 with address that will be Address 1

**MUST EXACTLY** match what is in Edison

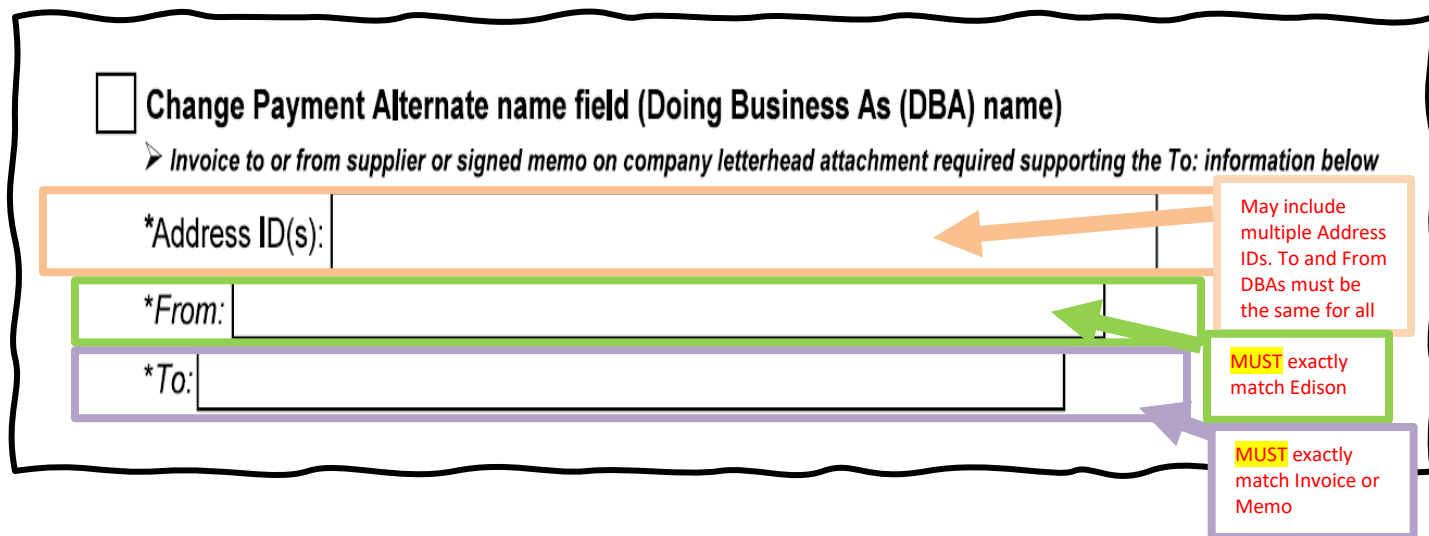
**MUST EXACTLY** match W-9

## PAYMENT ALTERNATE NAME

This section is also used to change a Payment Alternate Name field (Doing Business As (DBA)). This requires a new W-9 and the address on the W-9, **MUST** be Address 1 in Edison. You must enter the Address ID (#) that you want to change. You may enter multiple Address IDs here if they each have the same old DBA and will have the same new DBA. The old DBA entered in "FROM" **MUST EXACTLY** match what is currently in Edison. If it does not exactly match, then your request **WILL Be RETURNED**. The new DBA entered in "TO" **MUST EXACTLY** match the W-9 or your request **WILL Be RETURNED**.

**Change Payment Alternate name field (Doing Business As (DBA) name)**  
➤ *Invoice to or from supplier or signed memo on company letterhead attachment required supporting the To: information below*

*Address ID(s):		May include multiple Address IDs. To and From DBAs must be the same for all
*From:		<b>MUST</b> exactly match Edison
*To:		<b>MUST</b> exactly match Invoice or Memo



## Section 4: Request to Add a Location

### ADD LOCATION

This section is used to add a Location. If you need to add a location, mark the box beside the location you wish to add. Do not use this form to request to add a location that is already in Edison. For example, if a CAT7 location is already on file, then do not submit a new SUF to request to add the location. It is Supplier Maintenance's standard business process to not add a location for each address.

#### SECTION 4: Request to Add a Location

Select all **Location** types that need to be added for your agency. Supplier Maintenance will enter all of the 1099 categories selected into the supplier's file to be used in the future for payment processing and 1099 reporting.

CAT1	<input type="checkbox"/>	Rent of real property and equipment, such as buildings, direct-billed hotel rooms, land, machinery, office space, warehouses, etc. <i>Excludes</i> rent paid to real estate agents or property managers.
CAT3	<input type="checkbox"/>	Other Income such as awards, incentives, prizes, etc. <i>Excludes</i> compensation for services.
CAT6	<input type="checkbox"/>	Medical and Health Care Payments such as ambulance, autopsy, dental, laboratory, medical, psychological, veterinary services, etc.
CAT7	<input type="checkbox"/>	Non-Employee Compensation services such as advertising, attorney's fees, child care, construction, consulting, court reporting, janitorial, repairs (includes parts and materials), security, speaker fees, temporary staffing, training, etc.
CAT14	<input type="checkbox"/>	Gross Proceeds to an Attorney (settlements) & Second Injury Fund Attorneys
CATG	<input type="checkbox"/>	Taxable Grants (reportable unless exemption in grant award)
MAIN	<input type="checkbox"/>	Non-Reportable - Products, travel, utilities, membership dues, medical records
CATI	<input type="checkbox"/>	Interest
CATR	<input type="checkbox"/>	Employee Death Benefits

If a location is already in Edison **DO NOT** mark it here. EXAMPLE: Edison shows a CAT7 and you need a CAT7 and a MAIN. Only mark MAIN. CAT7 is already there.

Mark **ALL** that need to be added

## Section 5: Request to Inactivate Supplier ID or Address ID(s) and /or Locations(s)

### INACTIVATE SUPPLIER ID OR ADDRESS ID(S) AND /OR LOCATION(S)

This section is used to Inactivate a Supplier ID, Address ID(s) or Location(s). Check all the boxes that apply. You **MUST** enter information in all fields that have an (\*) if you are marking to inactivate.

Mark "Inactivate Supplier ID..." if you no longer want this Supplier to be used. You **MUST** give a brief explanation of why you want to inactivate the supplier. This supplier will not be re-activated until a new SUF and W-9 are submitted through the standard process.

#### SECTION 5: Request to Inactivate Supplier ID or Address ID(s) and/or Location(s)

Check the box(es) to request to inactivate a Supplier ID or Address ID(s) and/or Location(s). The Brief Description fields marked with an asterisk (\*) are required for each request type selected. **Please note:** If you request to inactivate an Address ID and there is only one address on file, or you request to inactivate Address ID 1, the entire Supplier ID will be inactivated instead. The Supplier ID cannot be reactivated until a current IRS W-9 is submitted.

Inactivate Supplier ID listed in Section 1 of this Supplier Update Form

Use this section to inactivate the **ENTIRE** supplier. Give a brief reason for inactivation.

\*Provide Brief Description for inactivation:

Mark "Inactivate Address ID(s)", only for Address 2 or greater. **DO NOT** use this section for Address 1. You may enter multiple addresses to inactivate for Address 2 and greater. Enter a brief description of the reason you want to inactivate. If you put Address 1 here, your request **WILL BE RETURNED**. Please make sure you enter the correct address ID#s to inactivate.

Inactivate Address ID(s):

\*Provide Brief Description for inactivation(s):

Use this section to inactivate Address 2 or greater. **DO NOT USE FOR ADDRESS 1.** Give brief reason for inactivation. You may enter multiple addresses on one form.

Mark "Inactivate Location(s)" to inactivate locations that no longer need to be used. You may inactivate multiple locations on this form. List each location name and give a brief description of the reason for inactivating.

<input type="checkbox"/> Inactivate Location(s):	<input type="text"/>
*Provide Brief Description for inactivation(s):	
<input type="text"/>	

Use this section to inactivate one or more locations. List each location to be inactivated and give a brief reason for inactivation.

### Section 6: Request to **Activate** Supplier ID, Address ID(s), and/or Location(s)

Request to Activate Supplier ID, Address ID(s) and/or Location(s). You **MUST** check the box that shows what you are requesting.

**SECTION 6: Request to **Activate** Supplier ID, Address ID(s), and/or Location(s)**

Check the box(es) to request to activate a Supplier ID, Address ID(s), and/or Location(s). The arrow (➤) icon indicates the supporting documentation required for the type of activation request selected. Be sure to review the supporting documentation with the supplier's file in Edison to ensure other updates do not need to be requested on this form.

Mark the "Activate Supplier ID listed in Section 1..." **ONLY** to activate the **ENTIRE** supplier file. You **MUST** attach a new W-9. Line 1 of the attached W-9 must match what is currently in Edison **OR** you **MUST** also complete Section 2 of the SUF to change the name in Edison to match the new W-9. If the address on the W-9 is different than what is currently in Edison as Address 1, you must also complete Section 3 "Change 1099 Address" of the SUF. If you do not attach a W-9 completed per IRS standards, and fill out the appropriate SUF sections, your request **WILL BE RETURNED**.

<input type="checkbox"/> <b>Activate Supplier ID listed in Section 1 of this Supplier Update Form</b>
➤ <b>IRS W-9 attachment required supporting Address ID 1</b>

If a supplier is inactive for any reason, you **MUST** check this box to make it active again. You **MUST** submit a new W9 with a current date.



Mark "Activate Address ID(s)" to activate any addresses that are currently inactive. This **INCLUDES ADDRESS 1**. To activate address 1, you will need to include a new W-9. To activate addresses 2 or greater, you will need to attach, an invoice or hand signed memo on company letterhead. If there is no signature on the memo, your request **WILL BE RETURNED**.

**Activate Address ID(s):**

Use this box only to Activate Addresses. **ALL** addresses can be activated here. ADDRESS 1 **REQUIRES** a new W-9 be attached. ADDRESSES 2 or greater **REQUIRE** an invoice or memo signed and on company letterhead.

- *If activating Address ID 1, IRS W-9 attachment required supporting Address ID 1*
- *If activating Address ID 2 or greater, invoice to or from supplier or signed memo on company letterhead attachment required supporting the address being activated*

Mark "Activate Location" to activate locations that are currently inactive. You can activate multiple locations on one form. List all location numbers that need to be activated.

**Activate Location(s):**

List all Locations that need to be activated

## ***Section 7: Request to Add or Remove Synchronizations (1. And 2. are required)***

### **SECTION 7: Request to Add or Remove Synchronizations (1. and 2. below are required)**

1. Use the dropdown boxes to select to **add** or **remove** synchronization for the selected External System ID.

Select Add or Remove

synchronization for

Select External System ID

2. Enter the Address IDs to add/remove the synchronization selected above:

## Section 8: Agency Certification.

This section **MUST** be filled out completely.

### SECTION 8: Agency Certification

By submitting this **Supplier Update Form** to Supplier Maintenance, I affirm that the information given above is true and accurate to the best of my knowledge and is in no way misleading. Documentation submitted with this form was completed by and/or received from the supplier. This request form is being submitted on behalf of the supplier and all information contained in this form was verified with the supplier prior to submission to ~~Supplier Maintenance~~.

The fields marked with an asterisk (\*) below are required for both **Supplier Contact Information** and **Agency Contact Information**.

**Supplier Contact Information** is essential in the event payments or 1099s are returned and **MUST**. Please make sure that you enter a good contact name with an email and a phone number.

#### Supplier Contact Information:

\*Supplier Contact Name:   
\*Supplier Contact Phone Number:   
\*Supplier Contact Email Address:

This section **MUST, MUST, MUST** be filled out completely!!! We must have a way to contact this supplier in the event that payments or 1099s are returned for any reason.

**Agency Contact Information** **MUST** be the person filling out the form. **DO NOT** use someone else's information. This could cause questions to be routed to that person instead of the person who needs them.

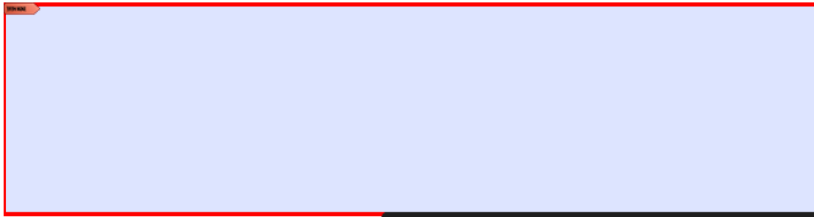
#### Agency Contact Information:

\*Business Unit:   
\*Name of Submitter:   
\*Submitter Phone Number:   
\*Submitter Email Address:

This should be the person who is filling out the form. **DO NOT** use someone else's name.

**Digital Signature!!!!** We encourage you to use the digital signature. You **MUST** enter a date.

After completing the form, click the digital signature box below to digitally sign and save the form. **You will not be able to make changes to the form after your digital signature has been applied.**



This should be a digital signature. If you have issues with the feature, please let us know. In some circumstances we will accept a manual signature that is copied and scanned. This must be dated. We will in no situation accept an electronic signature

**SUBMIT.** Please submit all requests using this button. This ensures that everything is routed correctly. You **MUST** send these submissions to [Supplier.Maintenance@tn.gov](mailto:Supplier.Maintenance@tn.gov). You **MUST** put the supplier ID and the Supplier Name as entered in Section 1 of this form in the subject line of the email.

**Must use this email**

After digitally signing and saving the form, click the **Submit** button below to attach **this Supplier Update Form** to an email in order for the request to be emailed to [Supplier.Maintenance@tn.gov](mailto:Supplier.Maintenance@tn.gov). The Subject line of the email must include the Supplier ID and Supplier Name entered in Section 1 of this form. The attachment(s) indicated by the arrow (➤) above are also required to be attached to the email. If the form or the attachment(s) are incorrect or incomplete, the request will be returned to you for correction.

**SUBMIT**

**CLEAR FORM**

The Subject line **MUST** include the Supplier ID and the Supplier Name as entered in Section 1 of this form.

If your form is returned for any reason, when you resubmit the form you **MUST** attach all documentation required to process the request. Supplier Maintenance does not maintain support documentation until it is all correct and the file has been updated.