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.

Supplier Maintenance
Supplier Update Form
For existing suppliers in Edison

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. This ensures that all information can be copied and pasted and decreases errors.
**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 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 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.
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 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.
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.
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.

<table>
<thead>
<tr>
<th>Location Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAT1</td>
<td>Rent of real property and equipment, such as buildings, direct-billed hotel rooms, land, machinery, office space, warehouses, etc. Excludes rent paid to real estate agents or property managers.</td>
</tr>
<tr>
<td>CAT3</td>
<td>Other Income such as awards, incentives, prizes, etc. Excludes compensation for services.</td>
</tr>
<tr>
<td>CAT6</td>
<td>Medical and Health Care Payments such as ambulance, autopsy, dental, laboratory, medical, psychological, veterinary services, etc.</td>
</tr>
<tr>
<td>CAT7</td>
<td>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.</td>
</tr>
<tr>
<td>CAT14</td>
<td>Gross Proceeds to an Attorney (settlements) &amp; Second Injury Fund Attorneys</td>
</tr>
<tr>
<td>CATG</td>
<td>Taxable Grants (reportable unless exemption in grant award)</td>
</tr>
<tr>
<td>MAIN</td>
<td>Non-Reportable - Products, travel, utilities, membership dues, medical records</td>
</tr>
<tr>
<td>CATI</td>
<td>Interest</td>
</tr>
<tr>
<td>CATR</td>
<td>Employee Death Benefits</td>
</tr>
</tbody>
</table>

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 reactivated until a new SUF and W-9 are submitted through the standard process.

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.
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.

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.

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.

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):**
  - 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.

**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.
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.**

**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`. 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.

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.