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Department of Budget,
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GARY COOPER
Procurement Director

Procurement Division

Subject: City of Charleston Supplier Information Update

The City of Charleston values our partnership with our supplier community and appreciates your continued dedication in providing quality products and services to our city.

On October 1, 2024, the City of Charleston moved to a new ERP system, Workday. As part of moving towards the new system, we are updating our supplier information and adding new suppliers. We request your assistance in providing us with the most up to date details pertaining to your company. Your prompt response will greatly assist us in this endeavor.

Please fill out the attached supplier update form and provide us with a current W-9 form. If you wish to receive electronic payments (ACH), please make sure you include your banking information either on your bank's letterhead or send a voided check. Once your forms are completed, you can email your response to procurement@charleston-sc.gov. If you have any questions regarding this request, please email us or call our Procurement office at 843-724-7312.

Thank you,

Gary Cooper
City of Charleston
Procurement Division



City of Charleston Supplier New/Update Request Checklist

The following forms must be completed and submitted to the City of Charleston Procurement Division in order for a supplier to be added/updated in the new ERP system. The City would appreciate you completing these forms so that we may update our records.

- _____ **Supplier New/Update Form**
- _____ **Automated Clearing House (ACH) Supplier Banking Information Form**
- _____ **Supplier W-9 Form**
- _____ **Copy of Voided Check or Bank Authorization Letter**
- _____ **Copy of M/WBE Certification, *if applicable***

Please send the signed and dated completed forms in one of the following manners:

Email a PDF copy to: procurement@charleston-sc.gov

Or

Mail to:
City of Charleston
Procurement Division
2 George Street, Suite 3600
Charleston, SC 29401

SUPPLIER FORM

The following 3 documents must accompany a "Request for New Supplier" and "Request to Update Supplier Record." Failure to provide this support will result in delay in the supplier receiving payment or Supplier Maintenance.

(1) W-9 Form

(2) ACH Form

(3) Copy of voided check or bank authorization letter

Please select one type: ☐ New ☐ Update

Supplier #: _____ (Internal Use Only)

NEW/UPDATE VENDOR INFORMATION

Supplier Name (as it appears on the W-9): _____

Supplier Doing Business As (DBA): _____

Supplier EIN/Tax ID/SS #: _____

Supplier UEI #: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____

Purchase Order Notification Email: _____

Purchase Order Contact Name: _____

Remit To Address: _____

City/State/Zip: _____

A/R Telephone: _____

Remit To Notification Email: _____

Remit To Contact Name: _____

M/WBE INFORMATION

Minority-Owned: ☐ Yes ☐ No

Woman-Owned: ☐ Yes ☐ No

Minority-Woman Owned: ☐ Yes ☐ No

Is your business certified as an M/WBE with the City of Charleston? ☐ Yes ☐ No

If yes, provide certification number: _____

If not, please see certification process here: <https://www.charleston-sc.gov/mwbe>

Email: mwbe@charleston-sc.gov

Please send completed form in PDF format to: procurement@charleston-sc.gov

ACH/ELECTRONIC PAYMENTS SUPPLIER REQUEST FORM

This form is used to process or update a supplier file record to allow for ACH/Electronic payments. **A copy of a voided check and/or bank authorization letter must be included with this form. If you do not return this form, you will receive a paper check for payment or e-pay for payment.**

SECTION A: (To Be Completed By Supplier)

Supplier Name: _____

Supplier Contact Name: _____

Supplier Email Address: _____

Supplier EIN/Tax ID/SS #: _____

Bank Name: _____

Bank Street Address: _____

Bank City/State/Zip: _____

Bank Contact Name: _____

Bank Phone Number: _____

Bank Email Address: _____

Bank Account Number: _____

Bank Routing Number: _____

Account Type: Checking: ____ Savings: ____ Other: ____

Authorized Signature: _____

SECTION B: (To Be completed by City of Charleston Procurement Division)

Supplier Number: _____ Date Request Received: _____

Comments: _____

Request Processed By: _____

Signature: _____ Date: _____

Please send completed form in PDF format to: procurement@charleston-sc.gov