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Mayor

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Chief Financial Officer

*City of Charleston*  
*South Carolina*  
*Department of Budget,*  
*Finance & Revenue Collections*

MATTHEW FROHLICH  
Deputy Chief Financial Officer

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](mailto: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,

A handwritten signature in blue ink, appearing to read "Gary Cooper".

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](mailto: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](mailto:mwbe@charleston-sc.gov)

**Please send completed form in PDF format to: [procurement@charleston-sc.gov](mailto: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](mailto:procurement@charleston-sc.gov)