



The *Reliable One*®

Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee FL 32399-0850

RECEIVED-FPSC

10 OCT -4 AM 10:55

COMMISSION
CLERK

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Dear Valued Supplier,

We want to inform you that OUC recently implemented a new phone system and several of our phone numbers have changed. While the main corporate number remains 407.423.9100, the contact numbers for the accounts payable representatives are different. The new numbers and extensions are provided below for your reference:

Supplier Letter	Representative	Direct Line / Extension
Supplier Letter A – I	Christine Podvasnik	407.434.2150 or Ext. 42150
Supplier Letter H – R	Naz Lokhandvala	407.434.2153 or Ext. 42153
Supplier Letter S – Z	Christina Trageser	407.434.2149 or Ext. 42149
Sr Disbursement Specialist	Claire Santelli	407.434.2148 or Ext. 42148
Accounting Manager	Kim Hill	407.434.2154 or Ext. 42154

Please remember that per OUC's Purchasing policy and in compliance with the recent changes in the Florida Prompt Payment Act, all invoices must be sent to OUC Accounts Payable via fax (407.423.9179), email (accounts payable@ouc.com) or mail (PO Box 3193 Orlando, FL 32802). In order to avoid your invoices being rejected by OUC, all invoices must include the following minimum information:

- PO Number and type
- OUC Contact name and department
- Supplier contact information
- Invoice number and date
- Payment terms and terms of service
- Rendered goods and services

Please note that this minimum invoice information is in addition to such information or supporting documentation required under your agreement with OUC.

In anticipation of upcoming changes in the 1099 reporting requirements, please complete the attached information sheet and return it, along with a copy of your W-9 form, in the enclosed self-addressed envelope. We encourage all of our suppliers to receive payments via Automated Clearing House (ACH). If you are not currently receiving your payments via ACH, please provide your ACH instructions on the enclosed information sheet. Thank you for your assistance.

Kim Hill
Accounting Manager

DOCUMENT NUMBER-DATE

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ORLANDO UTILITIES COMMISSION

Orlando Utilities Commission

Supplier Information		<input type="checkbox"/> I am an existing supplier		<input type="checkbox"/> I am a new supplier		
Supplier Name:				Fed. Taxpayer I.D. #		
Contact Information						
Purchase order (physical) address:	Street Address 1	Street Address 2				
	City, State, Zip					
“Remit to” address (if different from above):	Street Address 1	Street Address 2				
	City, State, Zip					
Billing Contact:	Name			Title		
	Email Address	Phone Number		Fax Number		
Other Locations						
Are you affiliated with other locations?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, is your Accounts Payable function in one location?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Please provide contact information for the central office for Accounts Payable functions:						
<input type="checkbox"/> Same as “Remit to” address above	Name			Fed. Taxpayer I.D. #		
	Street Address 1		Street Address 2			
	City, State, Zip					
	Contact Name/Title		Email Address		Phone Number	
Products and Services – Complete and return IRS Form W-9.						
<input type="checkbox"/> Product <input type="checkbox"/> Service <input type="checkbox"/> Other	Description of product, service, or type of payment: <input type="checkbox"/> Legal services <input type="checkbox"/> Real estate parcel <input type="checkbox"/> Medical/Health care <input type="checkbox"/> Property damage claims <input type="checkbox"/> Interest accrued on customer deposit <input type="checkbox"/> Other non-employee compensation – please describe: _____ <input type="checkbox"/> Other – please describe: _____					
ACH Information for your location						
Name on the Account:						
Bank name:						
Bank address:	Street Address	City, State, Zip				
Bank contact:	Name	Phone # or Email Address				
ABA Routing #		Account #				

Authorized Signature

Date