Ohio | Office of Budget and Management

Supplier Portal Administrator

To assure all information is captured, please save this form using Adobe Acrobat Reader (click HERE for free download) or Adobe Acrobat Pro **ONLY.**
Some data fields and functionality are not fully supported by third-party editing software such as PDF-Xchange.

Employer Identification Number (EIN) or Social Security Number (SSN):

(no dashes or spaces)

Section 1 - Provider / Supplier Information

Legal Business or Individual Name: _____

Business Name, Trade Name, Doing Business As: _____
(If different than above)

Section 2 - Current Address on file (Validation)

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Section 3 - Supplier Portal Administrator

Administrator Name:

First: _____ Last: _____

Phone Number: _____

Supplier Portal UID# (OH/ID): _____

(Click the lock icon 🔒 in the upper right hand corner of the Supplier Portal and your 8 digit UID# will display below your name)

Supplier Portal Email (OH/ID): _____

Section 4 - Previous Supplier Portal Administrators (if applicable)

Previous Administrator Name or Email:
(Required for change)

Reason For Change:

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