



How to Select a remit address in ePRF:

Enter the supplier ID number in the Supplier ID box, then click Search.

Payment Request

Summary Information | **Supplier Information** | Invoice Details | Review and Submit

Supplier Information - Step 2 of 4

Business Unit FSU01 Invoice Number 1324 Entered By Laurel Carlson
Request ID Invoice Date 08/16/2016 Entered Datetime 08/16/2016 3:06PM

Supplier Search

Country USA Search
Supplier ID 0000005086 Search
Supplier Name

Exit Save for Later Previous Next

Once you click on Search, select the first one (because this is based on the supplier locations not remit addresses).

Payment Request

Summary Information | **Supplier Information** | Invoice Details | Review and Submit

Supplier Information - Step 2 of 4

Business Unit FSU01 Invoice Number 1324 Entered By Laurel Carlson
Request ID Invoice Date 08/16/2016 Entered Datetime 08/16/2016 3:06PM

Supplier Search

Country USA Search
Supplier ID 0000005086 Search
Supplier Name

Supplier list Personalize | Find | View All | First 1 of 1 Last

Supplier ID	Name	Address	City	State	Country
0000005086	SEMINOLE BOOSTERS INC	UCC FIFTH FLOOR	TALLAHASSEE	FL	USA

Exit Save for Later Previous Next

Click on the search button next to the Remitting Address box.

Payment Request

Summary Information | **Supplier Information** | Invoice Details | Review and Submit

Supplier Information - Step 2 of 4

Business Unit FSU01 Invoice Number 1324 Entered By Laurel Carlson
Request ID Invoice Date 08/16/2016 Entered Datetime 08/16/2016 3:06PM

Supplier Address

Supplier ID 0000005086 Supplier Search
Supplier Name: SEMINOLE BOOSTERS INC
UCC FIFTH FLOOR
TALLAHASSEE, FL 32306

Remitting Address: Search

Exit Save for Later Previous Next

Then select your remit address.

The screenshot shows a 'Look Up Remitting Address' dialog box. At the top, there are tabs for 'Supplier Information', 'Invoice Details', and 'Review and Submit'. The dialog contains the following fields:
SetID: SHARE
Supplier ID: 0000005086
Address Sequence Number: = []
Address Type: = []
Buttons: Look Up, Clear, Cancel, Basic Lookup
Search Results section:
View 100 (First, 1-5 of 5, Last)
Table with columns: Address Sequence Number, Address Type, Description, Address Line 1, City, County, State, Country.
Row 1: 1, Business, MAIN, UCC FIFTH FLOOR, TALLAHASSEE, (blank), FL, USA
Row 2: 2, Business, REMIT, ATTN SANFORD LOVINGOOD, TALLAHASSEE, (blank), FL, USA
Row 3: 3, Business, REMIT, PO BOX 1353, TALLAHASSEE, (blank), FL, USA
Row 4: 4, Business, REMIT - BURT REYNOLDS HALL, 2065-2 DELTA WAY, TALLAHASSEE, (blank), FL, USA
Row 5: 5, Business, REMIT, CHAMPIONS HALL, TALLAHASSEE, (blank), FL, USA
A red arrow points to the row with sequence number 5.

The remit address has been selected and you're ready to move on to the next screen.

The screenshot shows the 'Payment Request' screen with a progress bar at the top. The 'Supplier Information' step is active. Below the progress bar are buttons: Exit, Save for Later, Previous, Next.
Supplier Information - Step 2 of 4
Business Unit: FSU01, Request ID: []
Invoice Number: 1324, Invoice Date: 08/16/2016
Entered By: Laurel Carlson, Entered Datetime: 08/16/2016 3:06PM
Supplier Address section:
Supplier ID: 0000005086
Supplier Name: SEMINOLE BOOSTERS INC
CHAMPIONS HALL
TALLAHASSEE, FL, 32304-3650
Remitting Address: 5 []
Supplier Search button
Bottom navigation: Exit, Save for Later, Previous, Next

If there is a supplier that says Multiple, click on Multiple.

Supplier Search

Country USA Search

Supplier ID 0000001308

Supplier Name

Supplier list Personalize | Find | View All | First 1 of 1 Last

Supplier ID	Name	Multiple
0000001308	STATE OF FLORIDA	Multiple

Exit Save for Later Previous Next

Select the first Supplier Location (001)-

Supplier Details

SetID SHARE Supplier ID 0000001308 Supplier Status Approved

Short Supplier Name STATEFLORI-001 Supplier Classification Supplier

In City Limit N HR Class

Additional Name Persistence Regular

Alternate Supp Name Open For Ordering Y

Address 00002 REMIT - DIV OF STATE FIRE MARS Withholding Applicable N

Corporate Supplier 0000001308 STATE OF FLORIDA Display VAT Flag N

Remit Supplier 0000001308 STATE OF FLORIDA

Personalize | Find | First 1-8 of 8 Last

Supplier Location	Address Line 1	City	State	Country
<input type="radio"/> 001	DIVISION OF STATE FIRE MARSHALL	TALLAHASSEE	FL	USA
<input type="radio"/> 002	FLORIDA STATE FIRE COLLEGE	OCALA	FL	USA
<input type="radio"/> 003	BAY COUNTY HEALTH DEPARTMENT	PANAMA CITY	FL	USA
<input type="radio"/> 004	DISTRICT COURT OF APPEAL	TALLAHASSEE	FL	USA
<input type="radio"/> 005	DEPARTMENT OF COMMUNITY AFFAIRS	TALLAHASSEE	FL	USA
<input type="radio"/> 006	DOCUMENTS AND DISTRICT OFFICE	TALLAHASSEE	FL	USA
<input type="radio"/> 007	DEPT OF MANAGEMENT SERVICES	STARKE	FL	USA
<input type="radio"/> 008	OFFICE OF COURT REPORTERS	TALLAHASSEE	FL	USA

Then select your remit address-

Supplier Address

Supplier ID 0000001308
Supplier Name: STATE OF FLORIDA

DIVISION OF STATE FIRE MARSHALL
RECEIPTS PROCRRSSING SECTION
PO BOX 6100
TALLAHASSEE, FL 32314-6100

Remitting Address: 2

If you don't know the Supplier ID number, type the name of the Supplier in the Supplier Name box, then click Search.

Payment Request

Summary Information **Supplier Information** Invoice Details Review and Submit

Exit Save for Later Previous Next

Supplier Information - Step 2 of 4

Business Unit FSU01 Invoice Number 1234 Entered By Laurel Carlson
Request ID Invoice Date 04/27/2017 Entered Datetime 04/27/2017 8:54AM

Supplier Search

Country USA

Supplier ID

Supplier Name troy fair

Exit Save for Later Previous Next

Select the supplier from the list

Payment Request

Summary Information **Supplier Information** Invoice Details Review and Submit

Exit Save for Later Previous Next

Supplier Information - Step 2 of 4

Business Unit FSU01 Invoice Number 1234 Entered By Laurel Carlson
Request ID Invoice Date 04/27/2017 Entered Datetime 04/27/2017 8:54AM

Supplier Search

Country USA

Supplier ID

Supplier Name troy fair

Supplier list Personalize | Find | View All | First 1-2 of 2 Last

Supplier ID	Name	Address	City	State	Country
<input type="radio"/> 0000000068	TROY FAIN INSURANCE	1147 E TENNESSEE ST	TALLAHASSEE	FL	USA
<input checked="" type="radio"/> 0000024228	TROY FAIN INSURANCE	PO BOX 5077	TALLAHASSEE	FL	USA

Exit Save for Later Previous Next

Click on the search button next to the Remitting Address box. Then select your remit address-

Payment Request

Summary Information **Supplier Information** Invoice Details Review and Submit

Exit Save for Later Previous Next

Supplier Information - Step 2 of 4

Business Unit FSU01 Invoice Number 1234 Entered By Laurel Carlson
Request ID Invoice Date 04/27/2017 Entered Datetime 04/27/2017 8:54AM

Supplier Address

Supplier ID 0000024228

Supplier Name: TROY FAIN INSURANCE

Remitting Address: PO BOX 5077
TALLAHASSEE, FL 32314-5077

Exit Save for Later Previous Next