



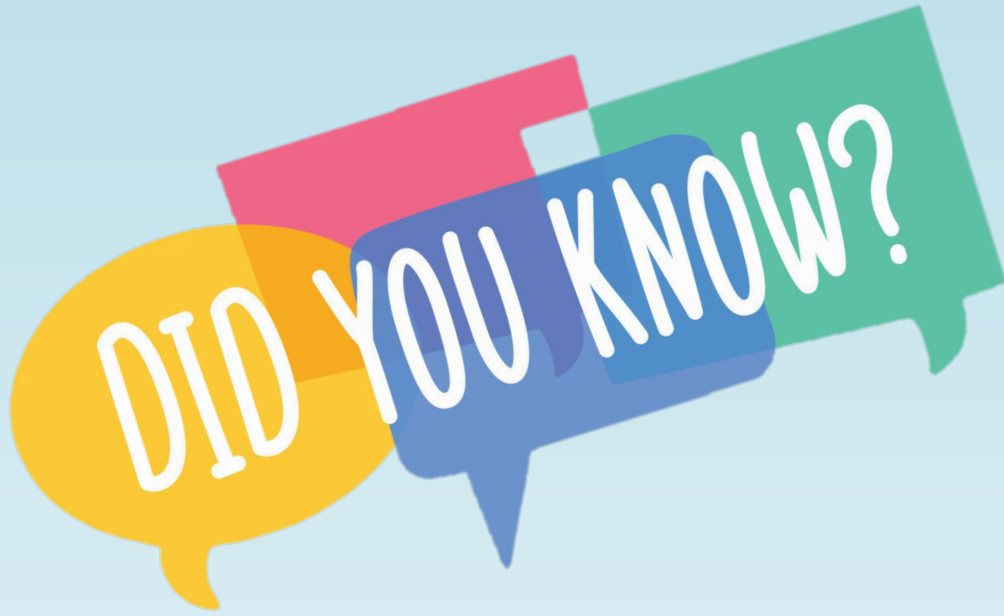
**Presented by the
Department of Financial Services**

Agenda

- Welcome
- What is FLIPS?
- Change Impacts
- Demo
- Change Support Network
- Next Steps
- Questions?



Case for Change

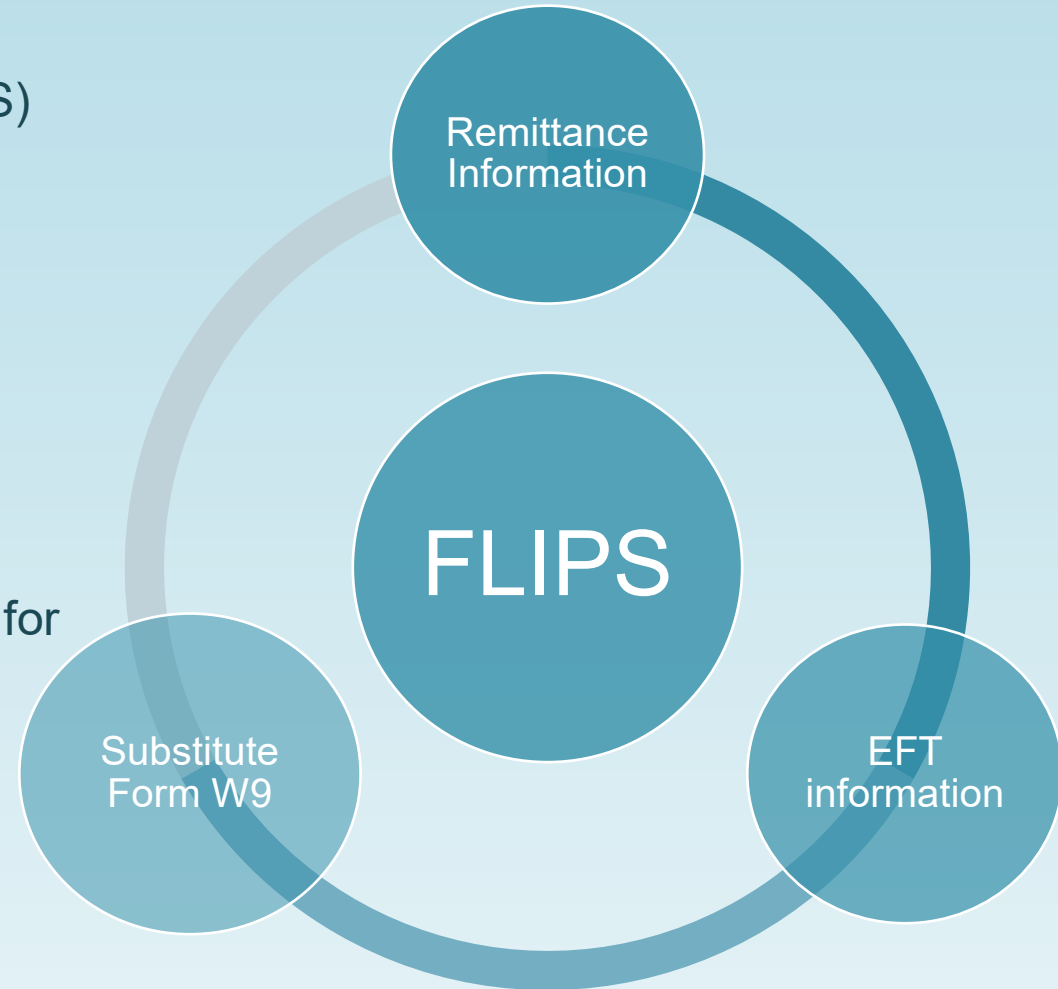


- EFT Authorization requests take approximately 6-8 weeks to approve
- Approximately 55 % of the EFT Authorization requests submitted are returned
- Less than 50% of payee payments are issued by EFT
- Approximately 4,500 duplicate warrants were issued last FY

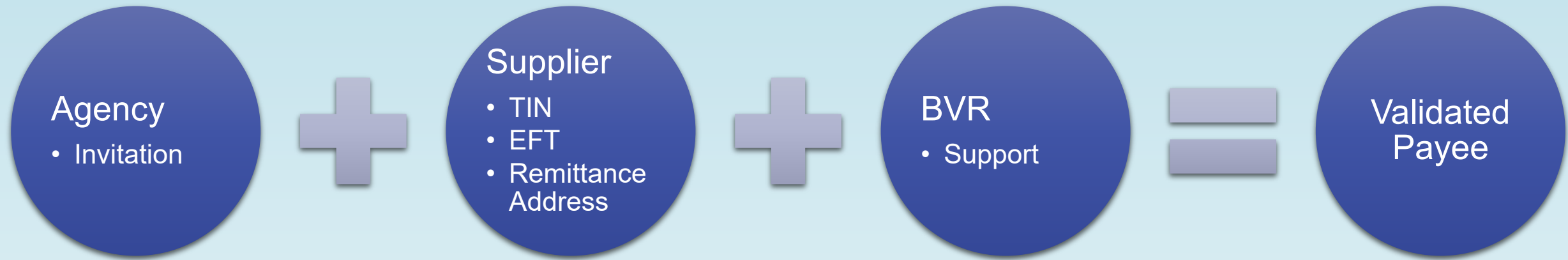


What is FLIPS?

- Florida Integrated Payee System (FLIPS)
- Central location for approved payees
- Replaces manual processes
 - Submission of paper forms
 - Information validations
 - Collection of Substitute Form W9
- Registration and validation are required for a payee to receive payment



FLIPS Process





Policy Changes

Policy Changes

- Once FLIPS is live in the Spring 2026
 - Payees will be added to FLAIR by BVR.
- Once Florida PALM is live
 - Supplier file will interface with FLIPS.
 - MFMP will not send supplier information to Florida PALM.
- Financial Policy page:
 - <https://myfloridacfo.com/division/aa/division-calendar/financial-policy>
- FLIPS information page:
 - <https://myfloridacfo.com/division/aa/agency-operations/flips>





Invitation Demonstration

Payee Invitation



Welcome Sarah.Singletary@myfloridacfo.com

Home Payee ▾ Help ▾

Powered by [apexportal](#)®

Welcome to the State of Florida Integrated Payee System. This system allows you to review and maintain selected information on your company 24 hours a day, seven days a week. For further assistance, please contact State of Florida support at +1 850-413-5517 or email us at FloridaPayee.portal.support@myfloridacfo.com.

Registration



Invite Payee



My Payees



All Payees



Payee Invitation

Payee Invitation Form

Please search existing suppliers by clicking on the "Payee" Tab and "All Payees" prior to inviting a new payee.

* Payee Country:	United States
* Payee Name:	
Doing Business As Name:	
* Payee Type:	Payee
Is this a High Priority Request:	No
Company Website:	
Recipient Type:	Select a value...

1

Payee Contact Information

Please click "Edit" to update the primary contact information. Additional contacts can be added by clicking "Add New Record"

Add new record					
	First Name	Last Name	Contact Type	Email	
Edit			Primary		

2

Document Upload Grid



Payee Invitation

Contact Information

* Contact Type:

Primary

* First Name:

DERRICK

* Last Name:

WALTERS

* Email Address:

DERRICKWALTERSWORK100@GMAIL.COM

* Confirm Email Address:

DERRICKWALTERSWORK100@GMAIL.COM

Add new record

	Type	Number	Extension	Delete
<div>Edit</div>	Primary			×

Ok

Discard



Payee Invitation

Contact Information

* Contact Type:

Primary

* First Name:

DERRICK

* Last Name:

WALTERS

* Email Address:

DERRICKWALTERSWORK100@GMAIL.COM

* Confirm Email Address:

DERRICKWALTERSWORK100@GMAIL.COM

Add new record

	Type	Number	Extension	Delete
<div>Edit</div>	Primary			X

* Phone Type:

Primary

* Phone Number:

+01 (850)-413-5519

Extension:

Update

Discard



Payee Invitation

Contact Information

*

Contact Type:

Primary

*

First Name:

DERRICK

*

Last Name:

WALTERS

*

Email Address:

DERRICKWALTERSWORK100@GMAIL.COM

*

Confirm Email Address:

DERRICKWALTERSWORK100@GMAIL.COM

Add new record

	Type	Number	Extension	Delete
<div>Edit</div>	Primary	+01 (850)-413-5519		×

Ok

Discard

Payee Invitation

Document Upload Grid

Add New Record

	Document Name	File Type	Expiration Date	Uploaded Date	Linked To	Electronic Signature	Remove	Regenerate Document
--	---------------	-----------	-----------------	---------------	-----------	----------------------	--------	---------------------

No documents to display.

◀◀ 1 ▶▶

Page size: 10 ▼

0 items in 1 pages

Notes for Payee:

In case of any assistance required, kindly contact FLORIDAPAYEE.PORTAL.SUPPORT@MYFLORIDACFO.COM

Submit

Submit & Add New



Payee Invitation

Document Upload Grid

Add New Record

	Document Name	File Type	Expiration Date	Uploaded Date	Linked To	Electronic Signature	Remove	Regenerate Document
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No documents to display.

◀◀ 1 ▶▶

Page size: 10 ▼

0 items in 1 pages

Notes for Payee:

In case of any assistance required, kindly contact FLORIDAPAYEE.PORTAL.SUPPORT@MYFLORIDACFO.COM

Submit

Submit & Add New



Payee Invitation

100343		UnAssigned		✗	Pending Invitation	PAYEE	Physical	derrickadmin	8/26/2025 2:19:40 PM	derrickadmin
100196		FLOWERS CONSULTING LLC	FLOWERS CONSULTING, LLC	✓	Pending ERP	PAYEE	Physical	derrickadmin	7/30/2025 10:54:47 AM	system
100196		FLOWERS CONSULTING LLC	FLOWERS CONSULTING, LLC	✓	Pending ERP	PAYEE	Payment Remittance	derrickadmin	7/30/2025 10:54:47 AM	system
100332		OFFICEMAX	OFFICEMAX	✗	Pending Finance Approval	PAYEE	Physical	derrickadmin	8/25/2025 3:38:16 PM	DERRICKWALTER
100332		OFFICEMAX	OFFICEMAX	✗	Pending Finance Approval	PAYEE	Payment Remittance	derrickadmin	8/25/2025 3:38:16 PM	DERRICKWALTER
100331		UnAssigned		✗	Pending Invitation	PAYEE	Physical	derrickadmin	8/25/2025 3:09:07 PM	derrickadmin
100154		FOREST TREE PLANTING SERVICE LLC		✓	Pending ERP	PAYEE	Physical	derrickadmin	7/28/2025 10:01:07 AM	system
100154		FOREST TREE PLANTING SERVICE LLC		✓	Pending ERP	PAYEE	Payment Remittance	derrickadmin	7/28/2025 10:01:07 AM	system
100321		UnAssigned		✗	Pending Invitation	PAYEE	Physical	derrickadmin	8/22/2025 10:16:38 AM	derrickadmin



Payee Registration Demonstration



Payee Email

Reference: 100314 - TRAIN INC

Dear DERRICK WALTERS,

You are receiving this message because TRAIN INC has been invited to do business with FloridaPayee. FloridaPayee has partnered with apexanalytix to develop the FloridaPayee Portal. The FloridaPayee Portal allows you to manage your profile, including address and banking information, directly in the FloridaPayee Portal.

You have been identified as the primary contact to manage the profile for TRAIN INC.

To issue purchase orders and/or payments to you, it is necessary for you to complete your profile in the FloridaPayee Portal.

Please promptly follow these instructions to complete your profile:

1. Click the below link to create your password.

CHANGE PASSWORD

This link will expire in 7 days.

2. Log in using the username listed below and your newly created password.

Username: DERRICKWALTERSWORK100@GMAIL.COM

3. You will be prompted to enter an authentication code after initial login. The authentication code will be sent within 15 minutes in a separate email.
4. Complete your profile and submit. Certain fields are mandatory as identified by a red asterisk, and other fields are optional.
Note: Prior to completing the profile, you may want to have key information available (tax identification number, bank details, remittance address, etc.).

Please save this link in your favorites and keep your login username and newly created password secure. This will allow you to update the details on your profile in the future as needed (address changes, banking detail updates, etc.) You will be responsible for maintaining your profile through the FloridaPayee Portal as needed.

Automated reminder emails will be sent until registration is completed.

Payee Registration

[Home](#)[Payee ▼](#)[Help ▼](#)

- ☒ Complete
- ☐ Incomplete

- ☐ Payee Agreement
- ☐ Registration Checklist
- ☐ Business Information
- ☐ Business Address
- ☐ Country Specific Tax Information
- ☐ Document Upload
- ☐ Review and Submit



Payee Agreement

Digital Certificate Agreement

Before proceeding, please review the payee agreement stated below. You must agree to the terms and conditions of the agreement in order to access the secure self-service site.

[Terms Of Use | FloridaPayee](#)

[FloridaPayee Privacy Center / Your Privacy Rights](#)

* ☐ I have read and agree to the terms and conditions outlined in the entity agreement.

Thank you. For any questions, please contact helpdesk at FloridaPayee.portal.support@myfloridacfo.com

[Next >>](#)[Save Draft](#)

Payee Registration

- ☒ Complete
- ☐ Incomplete

- ☒ Payee Agreement
- ☒ Registration Checklist
- ☐ Business Information
- ☐ Business Address
- ☐ Country Specific Tax Information
- ☐ Document Upload
- ☐ Review and Submit



Business Information

You must click Next until the 'Review and Submit' section and submit the record for the changes to take effect.

* Payee Country:	<input type="text" value="United States"/>
* Payee Name:	<input type="text" value="OFFICEMAX"/>
Doing Business As Name:	<input type="text" value="OFFICEMAX"/>
* Tax Reporting Country:	<input type="text" value="United States"/>
* Business Entity Type:	<input type="text" value="C-Corporation"/>
Company Website:	<input type="text" value="HTTP://WWW.OFFICEDEPOT.COM"/>

Contact Information

Please click "Edit" to update the primary contact information.

Add new record

	First Name	Last Name	Contact Type	Email		Resend
Edit	DERRICK	WALTERS	Primary	DERRICKWALTERSWORK100@GMAIL.COM		

*

<< Previous

Next >>

Save Draft



Payee Registration

Business Address



- ☒ Complete
- ☐ Incomplete

- ☒ Payee Agreement
- ☒ Registration Checklist
- ☒ Business Information
- ☐ Business Address
- ☐ Country Specific Tax Information
- ☐ Document Upload
- ☐ Review and Submit



You must click Next until the 'Review and Submit' section and submit the record for the changes to take effect.

In order to add/edit your Registered Address, please click the Edit button associated with the Registered address. If you have a remittance address enter that on the remit line, otherwise copy from your physical address using the copy from address dropdown.

	Address Type	Address	City	State	Country
 Edit	Physical				USA
 Edit	Payment Remittance				

*

<< Previous

Next >>

Save Draft



Payee Registration

Address Information

*

Address Type:

Physical

*

Country:

United States

*

Address 1:

9756 ATLANTIC BLVD

Address 2:

*

Postal Code:

32225

*

City/Town

Jacksonville

District/County:

*

State/Province:

Florida

Phone Number:

(850) 413 - 5719

*

Payment Method:

Check

Ok

Discard



Payee Registration

Address Information

*

Address Type:

Physical

*

Country:

United States

*

Address 1:

9756 ATLANTIC BLVD

Address 2:

*

Postal Code:

32225

*

City/Town

District/County:

*

State/Province:

Phone Number:

*

Payment Method:

Ok

Choose an Address

apexanalytix suggested address

☒ 9756 ATLANTIC BLVD, DUVAL, JACKSONVILLE, FL, USA - 32225-8223

User entered address

☐ 9756 ATLANTIC BLVD, JACKSONVILLE, FL, USA - 32225

Ok



Payee Registration

Address Information

* Address Type:	Payment Remittance
Copy From Address:	PHYSICAL-9756 ATLANTIC BLVD
Payee Name:	
Payee DBA:	
* Country:	United States
* Address 1:	9756 ATLANTIC BLVD
Address 2:	
* Postal Code:	32225-8223
* City/Town:	JACKSONVILLE
District/County:	DUVAL
* State/Province:	Florida
Phone Number:	(850) 413 - 5719
* Payment Method:	Check

Ok

Discard



Payee Registration



Business Address

- ☒ Complete
 - ☐ Incomplete
-
- ☒ Payee Agreement
 - ☒ Registration Checklist
 - ☒ Business Information
 - ☐ Business Address
 - ☐ Country Specific Tax Information
 - ☐ Account Information
 - ☐ Document Upload
 - ☐ Review and Submit



You must click Next until the 'Review and Submit' section and submit the record for the changes to take effect.

In order to add/edit your Registered Address, please click the Edit button associated with the Registered address. If you have a remittance address enter that on the remit line, otherwise copy from your physical address using the copy from address dropdown.

	Address Type	Address	City	State	Country
 Edit	Physical	9756 ATLANTIC BLVD	JACKSONVILLE	Florida	United States
 Edit	Payment Remittance	9756 ATLANTIC BLVD	JACKSONVILLE	Florida	United States

*

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Next >>

Save Draft



Payee Registration

Country Specific Tax Information



- ☒ Complete
- ☐ Incomplete

- ☒ Payee Agreement
- ☒ Registration Checklist
- ☒ Business Information
- ☒ Business Address
- ☐ Country Specific Tax Information
- ☐ Account Information
- ☐ Document Upload
- ☐ Review and Submit

You must click Next until the 'Review and Submit' section and submit the record for the changes to take effect.

Add New Tax Information

If Your Tax Identification Failed Validation

	Country	Tax Type	Tax Id Number	Validation	
 Edit	United States	EMPLOYER IDENTIFICATION NUMBER			 Delete

Additional Tax Information

W-9 Exemptions Information

Exempt payee code (if any):

Select a value...

Exemption from FATCA reporting code (if any):

Select a value...

List account number(s) here (optional):

Others (See Instructions):

<< Previous

Next >>

Save Draft



Payee Registration

Country Specific Tax Information

You must click Next until the 'Review and Submit' section and submit the record for the changes to take effect.

Add New Tax

Edit

Un

* Country:

United States

* Tax Type:

EMPLOYER IDENTIFICATION NUMBER

* Tax Id:

*****3735

Ok

Discard

Additional Tax

W-9 Exemptions

Exempt payee

Exemption from

List account number(s) here (optional).

Others (See Instructions):

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✕ Delete

Identification Failed Validation



Payee Registration

Country Specific Tax Information

- ☒ Complete
- ☐ Incomplete

- ☒ Payee Agreement
- ☒ Registration Checklist
- ☒ Business Information
- ☒ Business Address
- ☐ Country Specific Tax Information
- ☐ Account Information
- ☐ Document Upload
- ☐ Review and Submit



You must click Next until the 'Review and Submit' section and submit the record for the changes to take effect.

If Your Tax Identification Failed Validation

Add New Tax Information

	Country	Tax Type	Tax Id Number	Validation	
	United States	EMPLOYER IDENTIFICATION NUMBER	34-1573735	OK	Delete

*

Additional Tax Information

W-9 Exemptions Information

Exempt payee code (if any):

Select a value...

Exemption from FATCA reporting code (if any):

Select a value...

List account number(s) here (optional):

Others (See Instructions):

<< Previous

Next >>

Save Draft




Payee Registration

Country Specific Tax Information

You must click Next until the 'Review and Submit' section and submit the record for the change

Add New Tax Information

	Country	Tax Type	Tax
	United States	EMPLOYER IDENTIFICATION NUMBER	

*

Additional Tax Information

W-9 Exemptions Information

Exempt payee code (if any):

Exemption from FATCA reporting code (if any):

List account number(s) here (optional):

Others (See Instructions):

1—AN ORGANIZATION EXEMPT FROM TAX UNDER SECTION 501(A), ANY IRA, OR A CUSTODIAL ACCOUNT UNDER SECTION 403(B)(7) IF THE ACCOUNT SATISFIES THE REQUIREMENTS OF SECTION 401(F)(2)

2—THE UNITED STATES OR ANY OF ITS AGENCIES OR INSTRUMENTALITIES

3—A STATE, THE DISTRICT OF COLUMBIA, A U.S. COMMONWEALTH OR POSSESSION, OR ANY OF THEIR POLITICAL SUBDIVISIONS OR INSTRUMENTALITIES

4—A FOREIGN GOVERNMENT OR ANY OF ITS POLITICAL SUBDIVISIONS, AGENCIES, OR INSTRUMENTALITIES

5—A CORPORATION

6—A DEALER IN SECURITIES OR COMMODITIES REQUIRED TO REGISTER IN THE UNITED STATES, THE DISTRICT OF COLUMBIA, OR A U.S. COMMONWEALTH OR POSSESSION

7—A FUTURES COMMISSION MERCHANT REGISTERED WITH THE COMMODITY FUTURES TRADING COMMISSION

8—A REAL ESTATE INVESTMENT TRUST

9—AN ENTITY REGISTERED AT ALL TIMES DURING THE TAX YEAR UNDER THE INVESTMENT COMPANY ACT OF 1940

10—A COMMON TRUST FUND OPERATED BY A BANK UNDER SECTION 584(A)

11—A FINANCIAL INSTITUTION

12—A MIDDLEMAN KNOWN IN THE INVESTMENT COMMUNITY AS A NOMINEE OR CUSTODIAN

13—A TRUST EXEMPT FROM TAX UNDER SECTION 664 OR DESCRIBED IN SECTION 4947

Select a value...

Identifi



Payee Registration



Country Specific Tax Information

- ☒ Complete
- ☐ Incomplete

- ☒ Payee Agreement
- ☒ Registration Checklist
- ☒ Business Information
- ☒ Business Address
- ☐ Country Specific Tax Information
- ☐ Account Information
- ☐ Document Upload
- ☐ Review and Submit



You must click Next until the 'Review and Submit' section and submit the record for the changes to take effect.

Add New Tax Information					
	Country	Tax Type	Tax Id Number	Validation	
	United States	EMPLOYER IDENTIFICATION NUMBER	34-1573735	OK	 Delete

If Your Tax Identification Failed Validation

*

Additional Tax Information

W-9 Exemptions Information

Exempt payee code (if any):

Select a value...

Exemption from FATCA reporting code (if any):

Select a value...

List account number(s) here (optional):

Others (See Instructions):

<< Previous

Next >>

Save Draft





Payee Registration

Country Specific Tax Information

You must click Next until the 'Review and Submit' section and submit the record for the changes to take effect.

Add New Tax Information

If Your Tax Identification Failed Validation

	Country	Tax Type	Tax Id Number	Validation	
 Edit	United States	EMPLOYER IDENTIFICATION NUMBER			 Delete

*

Additional Tax Information

W-9 Exemptions Information

Exempt payee code (if any):

Exemption from FATCA reporting code (if any):

List account number(s) here (optional):

Others (See Instructions):

<< Previous

Next >>

Save Draft

Need More Time?

Your session is about to expire. You will be automatically signed out in

01:47

To continue your session, select **Stay Signed In**.

Stay Signed In

Sign out



Payee Registration

☒ Complete
☐ Incomplete

☒ Payee Agreement
☒ Registration Checklist
☒ Business Information
☒ Business Address
☒ Country Specific Tax Information
☐ Account Information
☐ Document Upload
☐ Review and Submit

Account Information

Banking Information

Terms & Conditions Clause:

I authorize FloridaPayee to credit my account with the depository named below. If FloridaPayee erroneously deposits funds into my account, I authorize FloridaPayee to initiate the necessary correcting entries, not to exceed the total of the original amount credited. This authorization will remain in effect until FloridaPayee has received written notification from an authorized company representative that it is to be terminated in such time and manner for FloridaPayee to act on it.

Please use the 'Add New Record' button to add bank accounts. At least one bank account is required.

Add Bank Account

Bank Name	Country	Currency Type	Account Type	Delete
No records to display.				

*

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Next >>

Save Draft



Payee Registration

Banking Information

*

Address:

REMITADDRESS - 9756 ATLANTIC BLVD

*

ABA Routing Number:

063100277

Bank Swift Code:

BOFAUS3MXXX

*

Account Number:

123456789

*

Account Holder:

OFFICEMAX

Bank Name:

BANK OF AMERICA, N.A.

Bank Street Name:

100 SE 2ND ST

Bank City:

MIAMI

Bank County/District:

Bank State/Region:

Florida

Bank Postal Code:

33131-2100

Account Type:

Checking

*

Remit Email Address:

DERRICKWALTERSWORK100@GMAIL.COM

Ok

Discard





Payee Registration

Account Information

Banking Information

Terms & Conditions Clause:

I authorize FloridaPayee to credit my account with the depository named below. If FloridaPayee erroneously deposits funds into my account, I authorize FloridaPayee to initiate the necessary correcting entries, not to exceed the total of the original amount credited. This authorization will remain in effect until FloridaPayee has received written notification from an authorized company representative that it is to be terminated in such time and manner for FloridaPayee to act on it.

	Bank Name	Country	Currency Type	Account Type	Delete
 Edit	BANK OF AMERICA, N.A.	United States	US Dollar	Checking	 Delete

*

<< Previous

Next >>

Save Draft



Payee Registration



Edit



View



Misc



Document Upload

- ☒ Complete
- ☐ Incomplete

- ☒ Registration Checklist
- ☒ Business Information
- ☒ Business Address
- ☒ Country Specific Tax Information
- ☒ Account Information
- ☒ ERP Information
- ☒ Document Upload
- ☒ Review and Submit



W-9 and 147c must be in either PDF, PNG, JPEG, JPG File Types. All others can be either PDF, PNG, JPEG, JPG, DOC, DOCX.

Please provide documentation supporting the validity of your bank account. This can include an ACH form, bank letter, copy of a voided check, or other electronic payment documentation.

Add New Record

	Document Name	File Type	Expiration Date	Uploaded Date	Linked To	Electronic Signature	Remove	Regenerate Document
	OFFICEMAX_W-9	W-9		8/26/2025	Payee	DERRICK WALTERS	✗	

*

<< Previous

Next >>

Save Draft



Payee Registration

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is correct taxpayer identification number (or) I am waiting for a number to be issued to me.

AND

2. I am not subject to backup withholding because:

- a. I am exempt from backup withholding, or
- b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or
- c. The IRS has notified me that I am no longer subject to backup withholding.

3. I am a U.S. citizen or other U.S. person (defined below).

Definition of a U.S. Person. For federal tax purposes, you are considered a U.S. person if you are:

- a. An individual who is a U.S. citizen or U.S. Resident alien,
- b. A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- c. An estate (other than a foreign estate), or
- d. A domestic trust (as defined in regulations section 301.7701-7)

Electronic System Submission:


Under penalties of perjury I certify that:

** I am the same person (or payee's agent) accessing the system and submitting this form as identified on the Substitute Form W-9.* ☒ Agree

** By submitting this form electronically, I am affixing my electronic signature as the payee identified on the Substitute Form W-9*

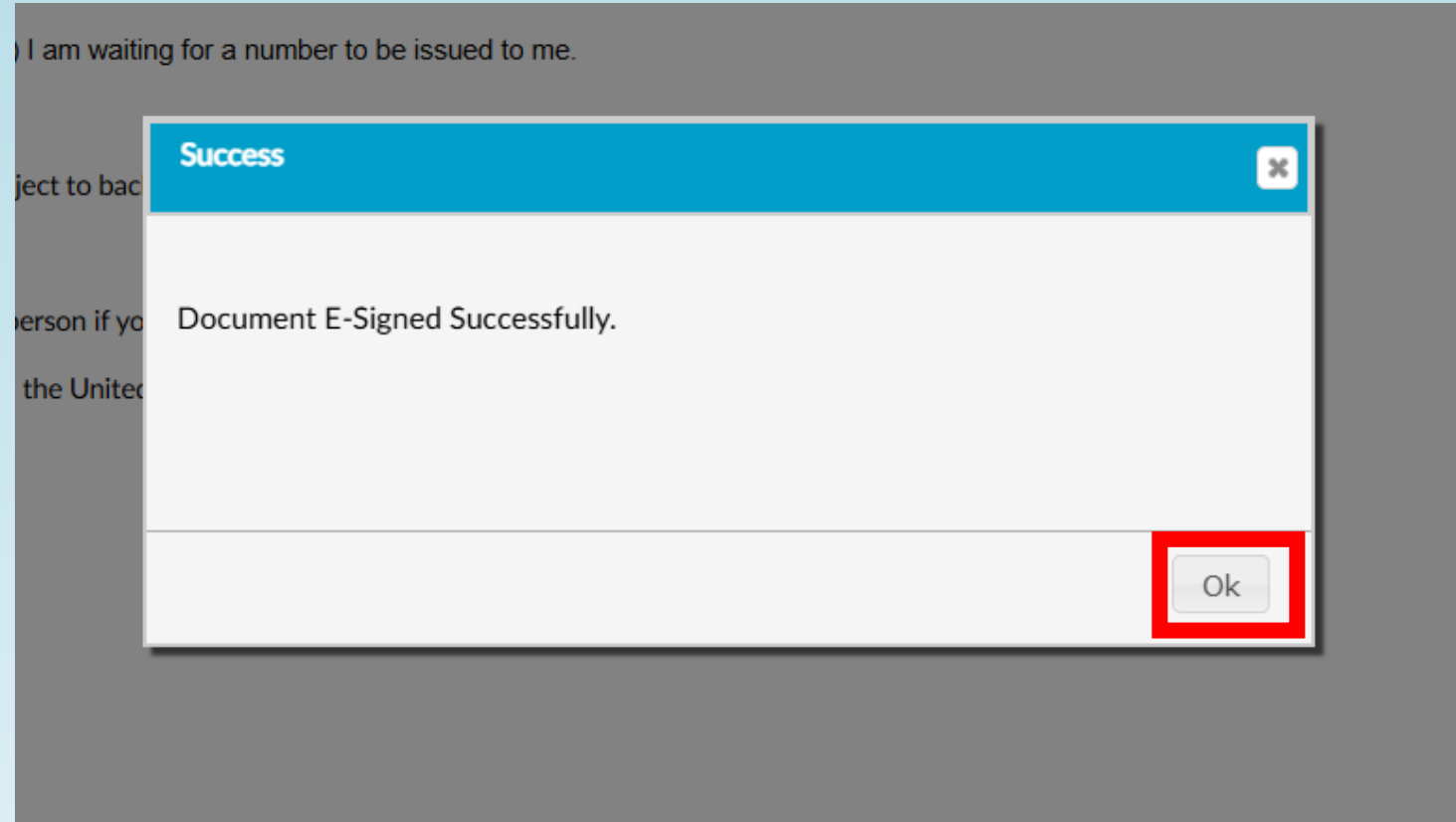
☒ Agree

"The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding."

 Submit



Payee Registration



Payee Registration



Edit



View



Misc



Document Upload

- ☒ Complete
- ☐ Incomplete

- ☒ Registration Checklist
- ☒ Business Information
- ☒ Business Address
- ☒ Country Specific Tax Information
- ☒ Account Information
- ☒ ERP Information
- ☒ Document Upload
- ☒ Review and Submit

W-9 and 147c must be in either PDF, PNG, JPEG, JPG File Types. All others can be either PDF, PNG, JPEG, JPG, DOC, DOCX.

Please provide documentation supporting the validity of your bank account. This can include an ACH form, bank letter, copy of a voided check, or other electronic payment documentation.

Add New Record

	Document Name	File Type	Expiration Date	Uploaded Date	Linked To	Electronic Signature	Remove	Regenerate Document
	OFFICEMAX_W-9	W-9		8/26/2025	Payee	DERRICK WALTERS	✗	

*


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Save Draft



Payee Registration



[Home](#) [Payee ▼](#) [Help ▼](#)

☒ Complete

☐ Incomplete

☒ Payee Agreement

☒ Registration Checklist

☒ Business Information

☒ Business Address

☒ Country Specific Tax Information

☒ Account Information

☒ Document Upload

☐ Review and Submit

<

Review and Submit

Please hit the **SUBMIT** button to finalize your information for approval.

Additionally, by submitting this registration, you certify all information provided is true and accurate. Knowingly providing false information may result in disqualifying you or your company from doing business with FloridaPayee, and its affiliates.

For any questions please contact FloridaPayee support at +1 850-413-5517 or email us at FloridaPayee.portal.support@myfloridacfo.com

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Save Draft

Submit

Phone Number: +1 850-413-5517



Payee Registration



Dear DERRICK WALTERS,

Reference: VRID 100332 Notification from the FloridaPayee, ##ClientPortalName## (##ClientPortalAcronym##)

Thank you for taking the time to access and update your profile online. This is to confirm that your registration has been successful.

You will receive another e-mail containing your ID number that is recorded in our database. You must reference that ID for all future correspondence with the FloridaPayee.

If you have any questions or need assistance, please contact the ##ClientPortalName## Team at FloridaPayee.portal.support@myfloridacfo.com.

System Administrator,
FloridaPayee

**THIS IS AN AUTOMATED MESSAGE GENERATED BY FLORIDAPAYEE
PLEASE DO NOT REPLY DIRECTLY TO THIS MESSAGE.**

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APEX Analytix - 1501 Highwoods Blvd, Suite 200-A, Greensboro, NC 27410

Powered by [apexportal™](#)

Payee Registration

Business Information

Vendor #:

Company Information

*

Payee Country:

United States

*

Payee Name:

OFFICEMAX

Doing Business As Name:

OFFICEMAX

*

Payee Type:

Payee

*

Tax Reporting Country:

United States

*

Business Entity Type:

C-Corporation

Is this a High Priority Request:

No

Company Website:

HTTP://WWW.OFFICEDEPOT.COM

HDL Payee:

Select a value...

Recipient Type:

Select a value...

*

Registration Type:

Payee

*

Income Source:

US Sourced

Contact Information

	First Name	Last Name	Contact Type	Email
<div><div></div><div>View</div></div>	DERRICK	WALTERS	Primary	DERRICKWALTERSWORK100@GMAIL.COM

*

Company Code Information

	Company Code	Purchasing Organization	Payment Terms	Payment Method
<div><div></div><div>View</div></div>	State	Corporate	Due Immediately	Check


Payee Registration

Business Address

	Address Type	Address	City	State	Country
 View	Physical	9756 ATLANTIC BLVD	JACKSONVILLE	Florida	United States
 View	Payment Remittance	9756 ATLANTIC BLVD	JACKSONVILLE	Florida	United States



*

Tax Identification Number

	Country	Tax Type	Tax Id Number	Validation
 View	United States	EMPLOYER IDENTIFICATION NUMBER	*****3735	OK


*

ERP Mapping Information

	Location Name	Legal Entity	Address	Payment Method
 View		State	PHYSICAL - 9756 ATLANTIC BLVD	CHECK
 View		State	REMITADDRESS - 9756 ATLANTIC BLVD	ACH

*

Account Information

	Bank Name	Country	Currency Type	Account Type
 View	BANK OF AMERICA, N.A.	United States	US Dollar	Checking

* Tax Document Type:

W9 Form

List account number(s) here (optional):

Others (See Instructions):

W-9 Exemptions Information

Exempt payee code (if any):

Select a value...

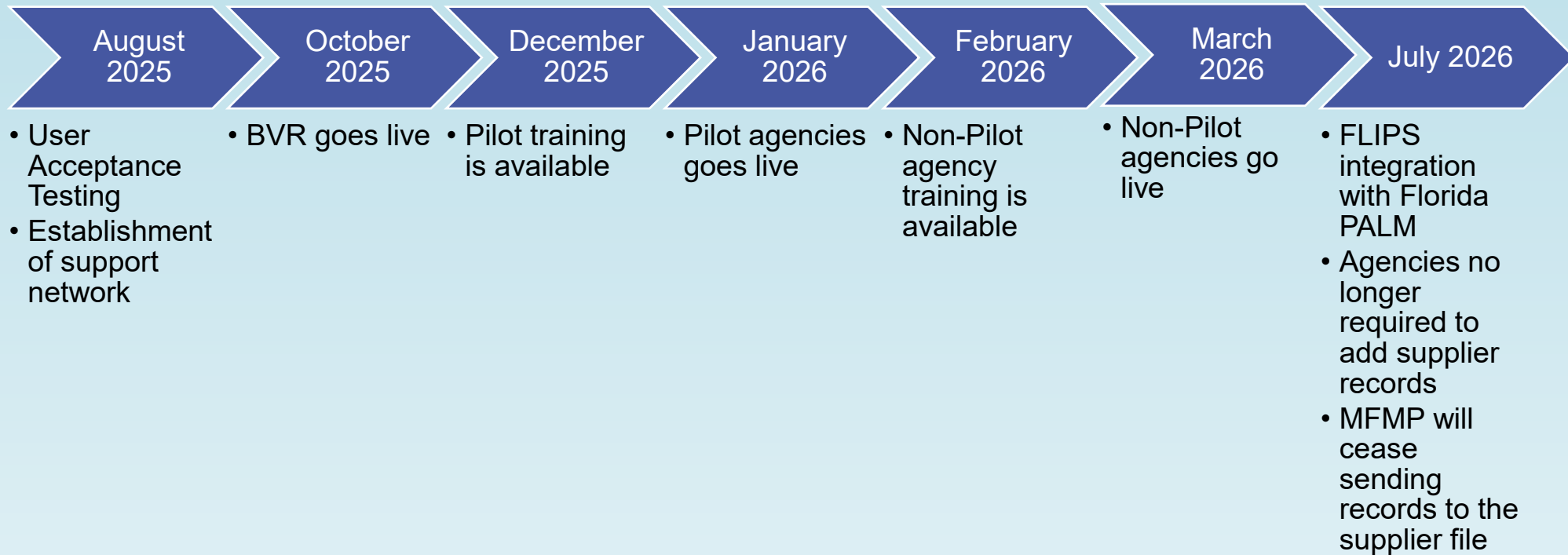
Exemption from FATCA reporting code (if any):

Select a value...

Change Support Network



Implementation Plan





Thank you, Pilot Agencies

Department of Financial Services

Department of Health

DFS – Division of Accounting and Auditing / Bureau of State Payrolls

Supporting your Readiness

- A&A and agencies will work together to implement FLIPS by:
 - Creating a Change Support Network (CSN)
 - Testing FLIPS processes
 - Preparing payees for the changes
 - Practicing change management





Policy Creator

Determine policy changes
Escalation point
Champion changes



Division Change Coordinators

Lead for Division change activities
Managing support network activities
Liaison between Policy Creators and Agency Change Champions



Agency Change Champions

Complete preparation activities
Support agency stakeholders with change
Communicate progress with Division Change Coordinators

Change Support Network

Support team to share information from DFS and implement changes within the agency



Agency Change Champions

At least two people per
agency



Required KSAs:

- Knowledgeable of agency accounts payable process
- Knowledgeable of supplier management processes?
- Ability to embrace change
- Ability to communicate effectively



Preparedness Activity Tracker (PAT)

- Plan to support the agency implementation of FLIPS
 - 11 tasks completed in 4 phases
 - Available online
 - Specific pilot and non-pilot tasks

Task ID	Task Name	Date Released	Pilot vs. Nonpilot	Phase	Task Overview	Task Status	Start Date	End Date
1	Identify Change Support Network Members		Pilot	1	Return a list of agency personnel that will support the CSN.	Not Started	9/8/2025	9/24/2025
1	Identify Change Support Network Members		Nonpilot	1	Return a list of agency personnel that will support the CSN.	Not Started	9/8/2025	9/24/2025
2	Review and confirm policy changes and determine procedure updates that must be implemented to support the transition to and usages of FLIPS		Pilot	2	Return a list of policies and procedures in a Word document that the agency will change.	Not Started	10/3/2025	10/3/2025
	Review and confirm policy							



PAT Phases



Awareness Building

Pilot: September 2025

Non-Pilot: September 2025



Active Engagement

Pilot: October 2025 – December 2026

Non-Pilot: October – March 2026



Implementation and
Sustainability

Pilot: January – March 2026

Non-Pilot: March – April 2026



Retirement of Network

Pilot: May 2026

Non-Pilot: May 2026



PAT Task #1 – Identify CSN Members

Task Description

- Identify at least two Agency Change Champions per agency
- Members will be responsible for:
 - Completing preparation activities timely
 - Engaging agency stakeholders
 - Maintaining open and frequent communication
 - Sharing experiences and challenges
 - Sharing process changes within their agency

Expectation

- Email A&A Project Management Team:
 - Name
 - Email address



Training

- Training is planned for Agency and Payee end users
- Training will be provided by the Office of Florida Financial Education
- Training will be delivered in three methods:
 - On Demand Training: Web-based and self-paced training on specific FLIPS functions
 - Job Aid: Printable and topic specific reference tool
 - Manual: Web-based, searchable guide providing step-by-step instruction



Wrap-up

- Complete CSN PAT Task #1
- Review PAT to stay aware and to be prepared what activity is coming next.



Resources

Access Change Support Network materials at
<https://myfloridacfo.com/division/aa/agency-operations/flips>

Access draft policy changes at
<https://myfloridacfo.com/division/aa/division-calendar/financial-policy>



Questions?





**Thank you for attending today's
Workshop!!**