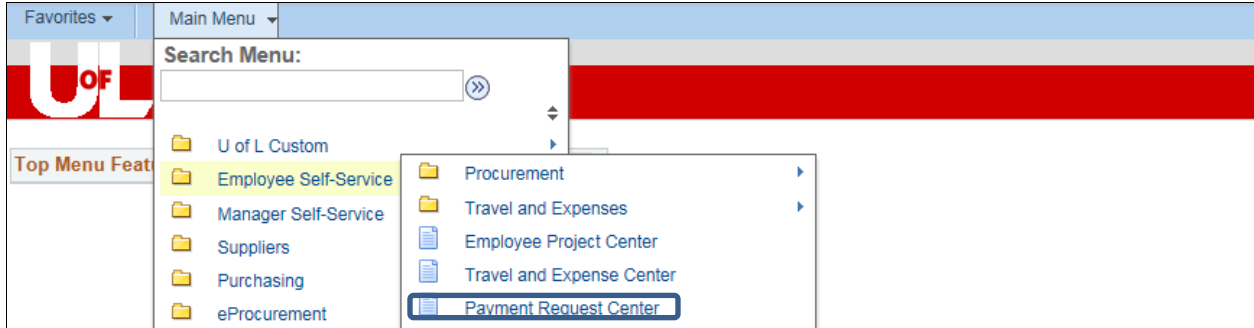


Payment Request Entry

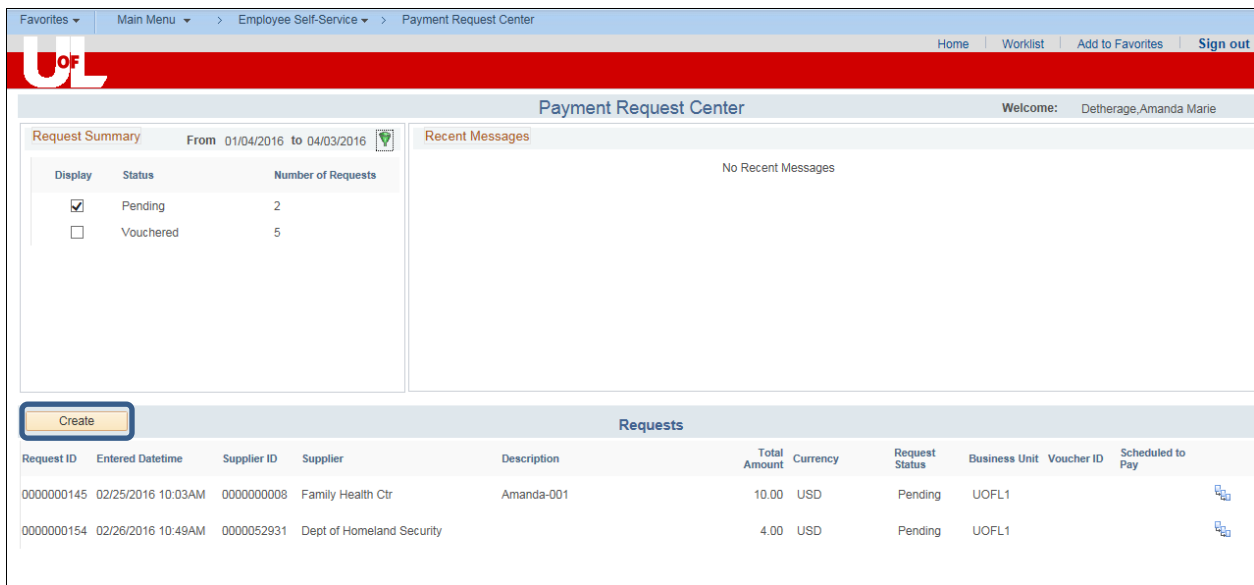
Log into PeopleSoft Financials

Navigation:

Main Menu>Employee Self-Service>Payment Request Center



Click "Create"



Summary Information – Step 1 of 4

- Invoice Number:
 - If the invoice has an invoice number, please use.
 - If there is not one listed, hover over “Invoice Naming Conventions.”
 - If you are using the same invoice number twice for the same supplier, you will need to add an “a” behind the invoice number.

Refer back to what has been used previously as necessary.

- Invoice Date: Change this to the date of your invoice. If no date, use the date you are entering the Payment Request.
- On Behalf of Empl ID: Enter Employee ID if you are processing a request and their supervisor’s approval is required (dues, registrations, etc.)
 - Make sure the employee you are entering on behalf of has an active T&E Profile - this is what pulls over the supervisor.
- Description: Brief description of what you are processing.
- Attachments (0): Attach your invoice or document. **THIS IS REQUIRED.**
 - Note this will change to (1) after you have attached the back-up.
- Cost Sub-Total: Amount to pay.
- Notes/Comments: Add any special instructions or comments.

Click “Next.”

The screenshot shows the 'Payment Request' interface at the 'Summary Information' step. The form is titled 'Summary Information - Step 1 of 4'. It contains several input fields and informational text:

- Business Unit:** UOFL1
- Invoice Number:** duesdetherag
- Invoice Date:** 03/02/2016
- On Behalf of Emplid:** Detherage, Amanda
- Description:** Membership Dues
- *Cost Sub-Total:** 40.00
- Misc Charge Amount:** (empty)
- Freight Amount:** (empty)
- Tax Amount:** (empty)
- Total Amount:** 40.00
- *Currency:** USD
- Attachments:** (1)
- Notes/Comments:** Additional comments if needed. (224 characters remaining)

Navigation buttons at the top right include 'Exit', 'Save for Later', and 'Next'. A 'Next' button is also highlighted at the bottom right.

Supplier Information – Step 2 of 4

Enter the name of the Supplier Name or Number and click “Search.”

Once you click “Search” all active suppliers including that name will show in the Supplier list. Click on the circle to choose your supplier, if multiple addresses click on “Multiple.”

Payment Request

Summary Information
Supplier Information
Invoice Details
Review and Submit

Exit Save for Later Previous Next

Supplier Information - Step 2 of 4

Instructions ?

Business Unit UOFL1
Request ID

Invoice Number duesdetherageamanda030216
Invoice Date 03/02/2016

Entered By Childers,Sheila Dean
Entered Datetime 05/04/2016 10:09AM

Supplier Search

Country

Supplier ID

Supplier Name

Supplier list Personalize | Find | View All | First 1-6 of 6 Last

Supplier ID	Name	Address	City	State	Country	
<input checked="" type="radio"/>	0000069469 Kentucky Baptist Assemblies Inc	Crossings Ministries	Louisville	KY	USA	<input type="button" value="Multiple"/>
	0000073996 Kentucky Baptist Convention					<input type="button" value="Multiple"/>
	0000107747 Baptist Health Madisonville Inc					<input type="button" value="Multiple"/>
<input type="radio"/>	0000116991 Lone Oak First Baptist Church	Lone Oak First Baptist Church	Paducah	KY	USA	<input type="button" value="Multiple"/>
	0000117098 Baptist Healthcare System Inc					<input type="button" value="Multiple"/>
<input type="radio"/>	0000119327 Clay Street Baptist Church	PO Box 173	Shelbyville	KY	USA	<input type="button" value="Multiple"/>

Exit Save for Later Previous Next

All active addresses for the supplier will be listed.

- Click on the circle to choose your address
 - If the remit address on your invoice/document is not listed, contact the supplier to have them complete the “Supplier Request for Data Change.” This form is located on the Controller’s Office website, <http://louisville.edu/finance/controller/acctops/forms>.

Supplier Details

SetID UOFL1 Supplier ID 0000117098 Supplier Status Approved

Short Supplier Name BAPTISTHEA-002 Supplier Classification Medical

In City Limit N HR Class

Additional Name Persistence Regular

Alternate Supp Name Open For Ordering Y

Address 00001 Withholding Remit Withholding Applicable Y

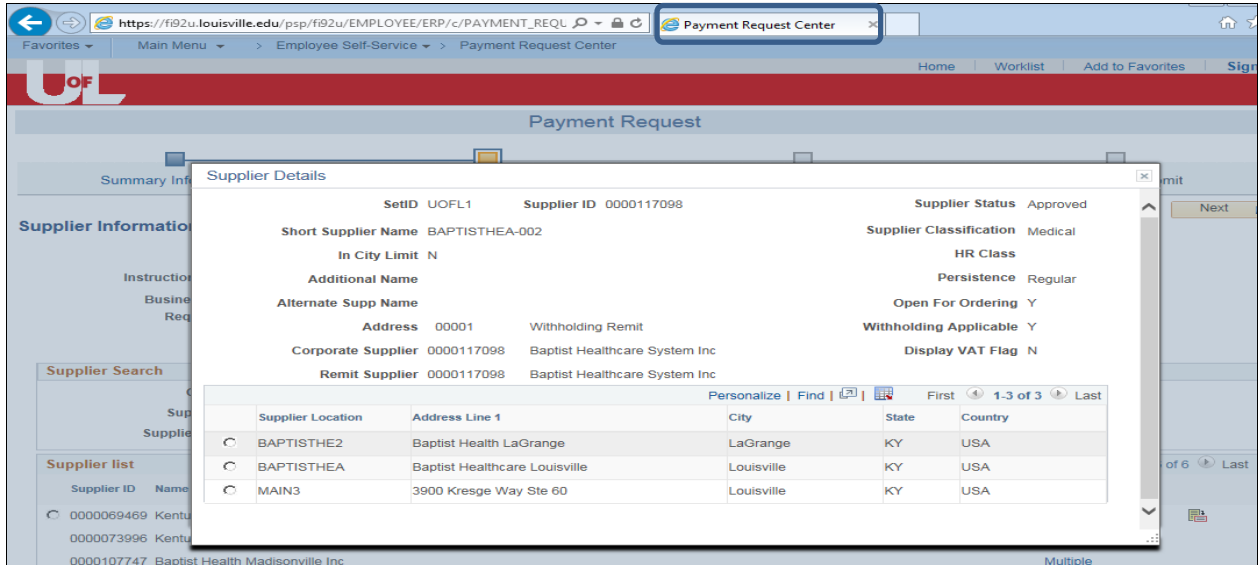
Corporate Supplier 0000117098 Baptist Healthcare System Inc Display VAT Flag N

Remit Supplier 0000117098 Baptist Healthcare System Inc

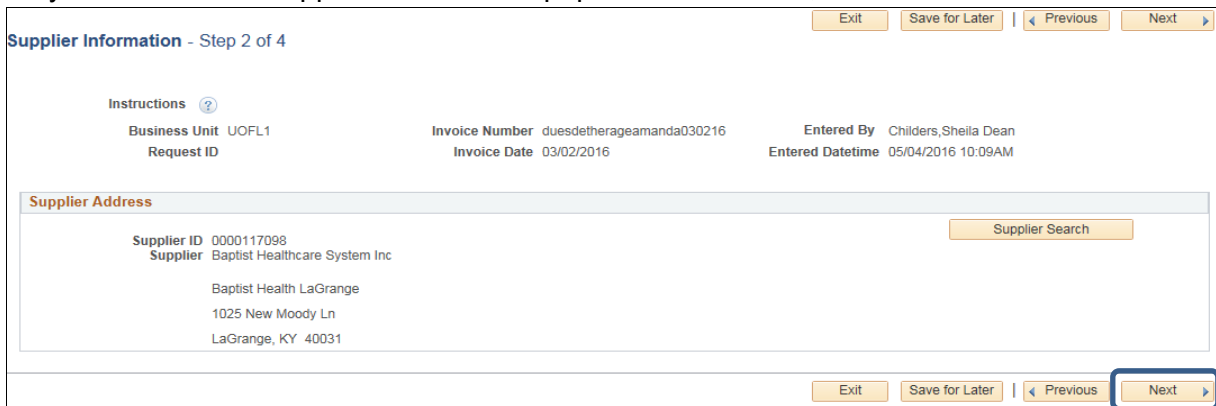
Supplier Location	Address Line 1	City	State	Country
<input checked="" type="radio"/>	BAPTISTHE2	Baptist Health LaGrange	LaGrange	KY USA
<input type="radio"/>	BAPTISTHEA	Baptist Healthcare Louisville	Louisville	KY USA

Note: Only Address Line 1 is displayed, if the supplier has a DBA it is listed on Address Line 1.

You may need to pull up the supplier in PeopleSoft to make sure the correct address is chosen. Right click on the tab and choose “Duplicate Tab” to open up a new window to search the supplier database.

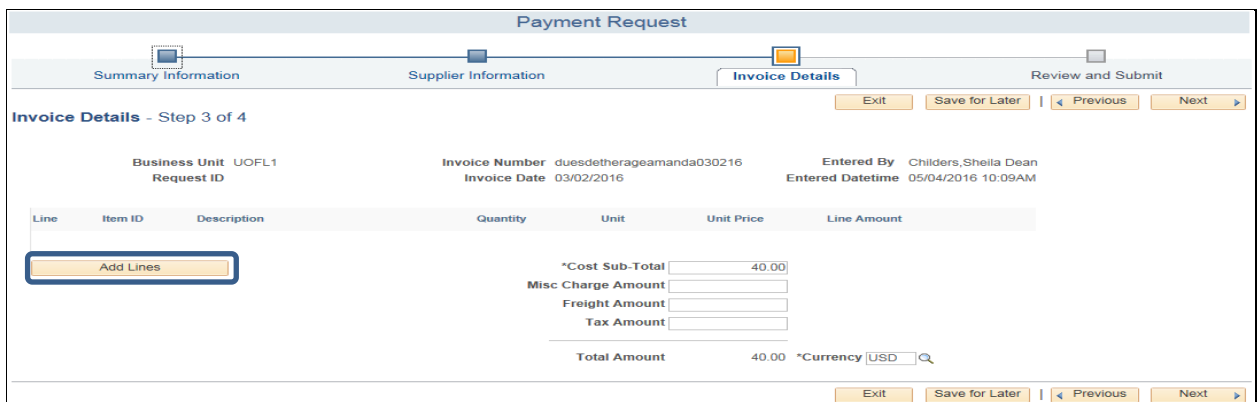


As you can see the Supplier Address will populate. If accurate, click “Next.”



Invoice Details – Step 3 of 4

Click on “Add Lines.”



Enter the following:

- Description: List any details
- Line Amount: Amount of payment
- Accounting Details: Amount, SpeedType Key and Account

Add a New Line

Line	Item ID	Description	Quantity	Unit	Unit Price	Line Amount
1		Dues for Amanda Detherage				20.00

Accounting Details

Line	Quantity	*Amount	*GL Business Unit	SpeedType Key	Account	Fund Code	Department	Program Code	PC
+	-	1	20.00	UOFL1	01053	535100			

OK Cancel

If you have different funding sources or different account codes you are using click “OK” to “Add Lines.”

As you can see below, there are two lines which both total up to the amount of the request. Click “Next” after all information has been completed.

Payment Request

Summary Information Supplier Information Invoice Details Review and Submit

Exit Save for Later Previous Next

Invoice Details - Step 3 of 4

Business Unit: UOFL1 Invoice Number: duesdetherageamanda030216 Entered By: Childers,Sheila Dean
Request ID: Invoice Date: 03/02/2016 Entered Datetime: 05/04/2016 10:09AM

Line	Item ID	Description	Quantity	Unit	Unit Price	Line Amount
1		Dues for Amanda Detherage				20.00
2		Dues For Amanda Detherage				20.00

Add Lines

*Cost Sub-Total: 40.00
Misc Charge Amount:
Freight Amount:
Tax Amount:

Total Amount: 40.00 *Currency: USD

Exit Save for Later Previous Next

Review and Submit – Step 4 of 4

Click “Review” before you submit the Payment Request.

Payment Request

Summary Information
Supplier Information
Invoice Details
Review and Submit

Exit Save for Later | ← Previous

Review and Submit - Step 4 of 4

Business Unit UOFL1	Invoice Number duesdetherageamanda030216	Entered By Childers,Sheila Dean
Request ID	Invoice Date 03/02/2016	Entered Datetime 05/04/2016 10:09AM
Description Membership Dues		
Supplier Baptist Healthcare System Inc		
Total Amount 40.00	USD	
Request Status New		

Click the "Review" button to review the detailed request.
Click the "Submit" button to submit your request.

Review
Submit

Exit Save for Later | ← Previous

Verify all information is accurate and click on “Return” to submit your Payment Request.

Be sure to check the following:

- Attachment is provided.
- Correct supplier and address are chosen.
- Invoice number and date are correct.
- Amount is correct.
- Funding Source and Account Code are correct.

Review Page

Entered By	Childers,Sheila Dean	On Behalf of Emplid	1200800	Detherage,Amanda
Entered Datetime	05/04/2016 10:09AM	Attachments (1)		
Business Unit	UOFL1			
Invoice Number	duesdetherageamanda030216			
Invoice Date	03/02/2016			
Description	Membership Dues			
Total Amount	40.00	USD		
Notes/Comments	Additional comments if needed.			

Supplier Information

Supplier ID	0000117098
Supplier	Baptist Healthcare System Inc Baptist Health LaGrange 1025 New Moody Ln LaGrange, KY 40031

Invoice Details

Line	Item ID	Description	Quantity	Unit	Unit Price	Line Amount
1		Dues for Amanda Detherage				20.00

Accounting Details

Line	Quantity	Amount	GL Business Unit	Account	Fund Code	Department	Program Code	PC Business Unit
1		20.00	UOFL1	535100	1000A	1220000356	01053	

Line	Item ID	Description	Quantity	Unit	Unit Price	Line Amount
2		Dues For Amanda Detherage				20.00

Accounting Details

Line	Quantity	Amount	GL Business Unit	Account	Fund Code	Department	Program Code	PC Business Unit
1		20.00	UOFL1	520600	1000A	1220000356	01053	

Cost Sub-Total 40.00

Misc Charge Amount

Freight Amount

Click on "Submit" to process your Payment Request.

Payment Request

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

Exit | Save for Later | Previous

Review and Submit - Step 4 of 4

Business Unit: UOFL1
Request ID: [blank]

Invoice Number: duesdetherageamanda030216
Invoice Date: 03/02/2016

Entered By: Childers, Sheila Dean
Entered Datetime: 05/04/2016 10:09AM

Description: Membership Dues
Supplier: Baptist Healthcare System Inc
Total Amount: 40.00 USD
Request Status: New

Click the "Review" button to review the detailed request.
Click the "Submit" button to submit your request.

Review | **Submit**

Exit | Save for Later | Previous

By clicking "OK" you are submitting your Payment Request.

Payment Request

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

Exit | Save for Later | Previous

Review and Submit - Step 4 of 4

Business Unit: UOFL1
Request ID: [blank]

Invoice Number: duesdetherageamanda030216
Invoice Date: 03/02/2016

Entered By: Childers, Sheila Dean
Entered Datetime: 05/04/2016 10:09AM

Description: Membership Dues
Supplier: Baptist Healthcare System Inc
Total Amount: 40.00 USD
Request Status: New

Click the "Review" button to review the detailed request.
Click the "Submit" button to submit your request.

Review | **Submit**

Exit | Save for Later | Previous

Message

The current Payment Request will be submitted. Click OK to proceed. (7060,61)

OK | Cancel

Now you are back at the Payment Request Center.

As you can see, Request ID "000000204" is in a "Pending Status."

Payment Request Center | Welcome: Childers, Sheila Dean

Request Summary | From: 02/04/2016 to 05/04/2016 | Recent Messages: No Recent Messages

Display	Status	Number of Requests
<input checked="" type="checkbox"/>	Pending	13
<input checked="" type="checkbox"/>	Approved	4
<input type="checkbox"/>	Vouchered	5

Request ID	Entered Datetime	Supplier ID	Supplier	Description	Total Amount	Currency	Request Status	Business Unit	Voucher ID	Scheduled to Pay
000000204	05/04/2016 10:09AM	0000117098	Baptist Healthcare System Inc	Membership Dues	40.00	USD	Pending	UOFL1		
000000203	04/28/2016 3:29PM	0000006640	Northwestern Mutual Life Insurance	TEST	10.00	USD	Pending	UOFL1		
000000202	04/28/2016 3:21PM	0000005539	Midwest Library Svc	test	1.00	USD	Pending	UOFL1		
000000201	04/28/2016 2:32PM	0000116602	Commonwealth of Kentucky	Freight Charges	34.00	USD	Approved	UOFL1		
000000200	04/28/2016 2:13PM	0000007420	Federal Express Corp	Freight 2	25.00	USD	Approved	UOFL1		
000000199	04/28/2016 1:12PM	0000007420	Federal Express Corp	Freight Invoice	45.00	USD	Pending	UOFL1		
000000198	04/25/2016 4:15PM	0000117098	Baptist Healthcare System Inc	reimbursement	10.00	USD	Pending	UOFL1		
000000194	04/19/2016 1:21PM	0000007420	Federal Express Corp	Pay Fed Express Invoice	35.00	USD	Approved	UOFL1		

After all approvals are met within the department, it will be routed to the Controller's Office for AP audit.

Once AP approves the Payment Request, the status will be changed to “Approved.”

Payment Request Center											
Request Summary				From 02/04/2016 to 05/04/2016		Recent Messages					Welcome: Childers, Sheila Dean
<input checked="" type="checkbox"/>	Pending	12		No Recent Messages							
<input checked="" type="checkbox"/>	Approved	5									
<input type="checkbox"/>	Vouchered	5									
Requests											
Request ID	Entered Datetime	Supplier ID	Supplier	Description	Total Amount	Currency	Request Status	Business Unit	Voucher ID	Scheduled to Pay	
000000204	05/04/2016 10:09AM	0000117098	Baptist Healthcare System Inc	Membership Dues	40.00	USD	Approved	UOFL1			
000000203	04/28/2016 3:29PM	000000640	Northwestern Mutual Life Insurance	TEST	10.00	USD	Pending	UOFL1			
000000202	04/28/2016 3:21PM	000000539	Midwest Library Svc	test	1.00	USD	Pending	UOFL1			
000000201	04/28/2016 2:32PM	0000116602	Commonwealth of Kentucky	Freight Charges	34.00	USD	Approved	UOFL1			
000000200	04/28/2016 2:13PM	0000007420	Federal Express Corp	Freight 2	25.00	USD	Approved	UOFL1			
000000199	04/28/2016 1:12PM	0000007420	Federal Express Corp	Freight Invoice	45.00	USD	Pending	UOFL1			
000000198	04/25/2016 4:15PM	0000117098	Baptist Healthcare System Inc	reimbursement	10.00	USD	Pending	UOFL1			
000000194	04/19/2016 1:21PM	0000007420	Federal Express Corp	Pay Fed Express Invoice	35.00	USD	Approved	UOFL1			

The Payment Request will be updated to “Vouchered” and a “Scheduled to Pay Date” will show after it runs through voucher build.


Payment Request Center											
Request Summary				From 02/05/2016 to 05/05/2016		Recent Messages					Welcome: Childers, Sheila Dean
<input checked="" type="checkbox"/>	Pending	12		No Recent Messages							
<input checked="" type="checkbox"/>	Approved	1									
<input checked="" type="checkbox"/>	Vouchered	10									
Requests											
Request ID	Entered Datetime	Supplier ID	Supplier	Description	Total Amount	Currency	Request Status	Business Unit	Voucher ID	Scheduled to Pay	
000000205	05/05/2016 1:58PM	0000110357	OfficeMax Incorporated	supplies	2.00	USD	Approved	UOFL1			
000000204	05/04/2016 10:09AM	0000117098	Baptist Healthcare System Inc	Membership Dues	40.00	USD	Vouchered	UOFL1	01212538	05/05/2016	
000000203	04/28/2016 3:29PM	000000640	Northwestern Mutual Life Insurance	TEST	10.00	USD	Pending	UOFL1			
000000202	04/28/2016 3:21PM	000000539	Midwest Library Svc	test	1.00	USD	Pending	UOFL1			
000000201	04/28/2016 2:32PM	0000116602	Commonwealth of Kentucky	Freight Charges	34.00	USD	Vouchered	UOFL1	01212537	05/05/2016	
000000200	04/28/2016 2:13PM	0000007420	Federal Express Corp	Freight 2	25.00	USD	Vouchered	UOFL1	01212536	05/28/2016	
000000199	04/28/2016 1:12PM	0000007420	Federal Express Corp	Freight Invoice	45.00	USD	Pending	UOFL1			
000000198	04/25/2016 4:15PM	0000117098	Baptist Healthcare System Inc	reimbursement	10.00	USD	Pending	UOFL1			

Note: Voucher Build runs twice a day.

Workflow

1. Employee enters Payment Request
2. Account Reviewer (exceptions account codes – mirrored off of Requisition exceptions)
3. Supervisor (if on behalf of)
4. Departmental Approver
5. Accounts Payable Audit

If at any point in time the Payment Request is denied, the submitter gets an email.

To view the reason a Payment Request has been denied, click on the “workflow button”  and expand all to view the comments. The Payment Request can then be edited for resubmission.