# Payment Request Entry

Log into PeopleSoft Financials

Navigation:

Main Menu>Employee Self-Service>Payment Request Center

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	Sear	rch Menu:		
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Ten Manu Fast		U of L Custom	 •	
Top Menu Feat		Employee Self-Service	Procurement	•
		Manager Self-Service	Travel and Expenses	•
		Suppliers	Employee Project Center	
		Purchasing	Travel and Expense Center	
		eProcurement	Payment Request Center	

# Click "Create"

Favorites -	Main Menu 👻	> Employee	Self-Service 🔻 > P	ayment Request Center					
						Hor	ne Worklist Add	to Favorites	Sign out
	-								
				Payment Requ	est Center		Welcome: De	therage,Amanda Ma	arie
Request S	Summary Fr	om 01/04/2016 t	o 04/03/2016 🕅	Recent Messages					
Display	/ Status	Num	ber of Requests		No Recent Messages				
	Pending	2							
	Vouchered	5							
	_								
Creat	e			Reque	ests				
Request ID	Entered Datetime	Supplier ID	Supplier	Description	Total Amount Currency	Request Status	Business Unit Voucher I	D Scheduled to Pay	
000000145	02/25/2016 10:03AI	000000008	Family Health Ctr	Amanda-001	10.00 USD	Pending	UOFL1		e <sub>Bo</sub>
000000154	02/26/2016 10:49A	M 0000052931	Dept of Homeland S	ecurity	4.00 USD	Pending	UOFL1		e <sub>eo</sub>

# Summary Information – Step 1 of 4

- Invoice Number:
  - If the invoice has an invoice number, please use.
  - o 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.
- > <u>Description</u>: Brief description of what you are processing.
- > <u>Attachments (0):</u> 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.
- > <u>Notes/Comments:</u> Add any special instructions or comments.

Click "Next."

		Payment Reque	est	
Summary Information	Sun		Invoice Details	Poview and Submit
Summary mormation	Subt		Invoice Details	Review and Submit
Summary Information - Step	p 1 of 4			Exit Save for Later Next
Instructions ③ *Business Unit UO Request ID	FL1 Q	Invoice Number duesdetherag *Invoice Date 03/02/2016	bice Naming Conventions Entered By Entered Datetime	Childers,Sheila Dean 05/04/2016 10:09AM
On Behalf of Emplid Description Mer	Q Detherage, mbership Dues	Amanda	Attachments (1)	
*Cost Sub-Total	40.00			
Misc Charge Amount				
Freight Amount				
Tax Amount				
Total Amount	40.00	*Currency USD Q		
Notes/Comments Add	ditional comments if needed.		₩.	
	-			Evit Cours for Lator Nout
				Exit Save for Later Next

### 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 Req	uest		
Summary Information	Supplier Information	Invoice Details		Review and Submit
Supplier Information - Step 2 of 4			Exit Save for Late	r   Previous Next >
Instructions @ Business Unit UOFL1 Request ID	Invoice Number duesdetherage Invoice Date 03/02/2016	aamanda030216 Enter Entered Da	red By Childers,Shella E atetime 05/04/2016 10:09	Jean JAM
Supplier Search Country USA Q Supplier ID Supplier Mane Rantist	٩			Search
Supplier list		Personalize	Find   View All   💷   🎚	First ④ 1-6 of 6 🕑 Last
Supplier ID Name	Address	City	State Country	
0000069469 Kentucky Baptist Assemblies Inc 0000073996 Kentucky Baptist Convention 0000107747 Baptist Health Madisonville Inc	Crossings Ministries	Louisville	KY USA	Multiple Multiple
C 0000116991 Lone Oak First Baptist Church 0000117098 Baptist Healthcare System Inc	Lone Oak First Baptist Church	Paducah	KY USA	Multiple
O 0000119327 Clay Street Baptist Church	PO Box 173	Shelbyville	KY USA	
			Exit Save for Late	r 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.

uppli	er Details						
	Set	ID UOFL1	Supplier ID 0000117098		Suppl	ier Status	Approved
	Short Supplier Nan	ne BAPTISTHEA	-002	Su	pplier Clas	sification	Medical
	In City Lin	nit N				HR Class	
	Additional Nan	ne			Pe	rsistence	Regular
	Alternate Supp Nan	ne			Open For	Ordering	Y
	Address 00001 Withholding Remit			Wi	thholding A	Applicable	Y
	Corporate Suppli	er 0000117098	Baptist Healthcare System Inc		Display	VAT Flag	N
	Remit Suppli	er 0000117098	Baptist Healthcare System Inc				
			Pe	ersonalize   Find   💷	First	t 🕙 1-2 of	2 🕑 Last
	Supplier Location	Address Line 1		City	State	Country	
C	BAPTISTHE2	Baptist Health La	Grange	LaGrange	KY	USA	
~	BAPTISTHEA	Baptist Healthcar	re 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.

← → 🖉 https://fi92u.le	ouisville.edu/ps	p/fi92u/EMPLOYE	E/ERP/c/PAYMEN	NT_REQU 🔎 🗕 🖒 🧔 Paye	ment Request Center >				ۍ ۲
Favorites - Main Menu	📼 🔸 Em	ployee Self-Servic	e 🗸 🗧 Payment	Request Center					
						Home	e Worklist Add	to Favo	rites Sig
				Payment Request					
-								_	
Summary Infe	Supplier De	tails						×	mit
		Setl	D UOFL1	Supplier ID 0000117098		Suppl	ier Status Approved	~	Next
Supplier Information	Sh	ort Supplier Nam	e BAPTISTHEA	-002	s	upplier Clas	sification Medical		
		In City Lim	it N				HR Class		
Instruction		Additional Nam	e			Pe	ersistence Regular		
Busine	Alt	ernate Supp Nam	e			Open For	r Ordering Y		
Req		Addres	s 00001	Withholding Remit	w	ithholding A	Applicable Y		
	C	Corporate Supplie	er 0000117098	Baptist Healthcare System In	c	Display	VAT Flag N		
Supplier Search		Remit Supplie	er 0000117098	Baptist Healthcare System In	c				
¢					Personalize   Find   🧖	First	t 🕘 1-3 of 3 🕑 Last		
Sup	Suppli	er Location	Address Line 1		City	State	Country		
Supplie	C BAPTI	STHE2	Baptist Health La	aGrange	LaGrange	KY	USA		
Supplier list	C BAPT	STHEA	Baptist Healthca	re Louisville	Louisville	KY	USA		of 6 🕑 Last
Supplier ID Name	C MAIN:	3	3900 Kresge Wa	y Ste 60	Louisville	KY	USA		
C 0000069469 Kentu								$\sim$	1
0000073996 Kentu									
0000107747 Baptist I	Health Madison	ville Inc					Multiple		

# As you can see the Supplier Address will populate. If accurate, click "Next."

Supplier Information - S	Step 2 of 4			Exit	Save for Later	Previous	Next	>
Instructions ( Business U Request	۲) nit UOFL1 ID	Invoice Number Invoice Date	duesdetherageamanda030216 03/02/2016	Entered By Entered Datetime	Childers,Sheila Dean 05/04/2016 10:09AM			
Supplier Address								
Supplier ID Supplier	0000117098 Baptist Healthcare System Inc				Sup	plier Search		
	Baptist Health LaGrange							
	1025 New Moody Ln							
	LaGrange, KY 40031							
				Exit	Save for Later	Previous	Next	

# Invoice Details - Step 3 of 4

#### Click on "Add Lines."

			Pay	ment Request					
	Summary Inform	nation	Supplier Information		Invoice	Details	R	Review and Subr	nit
Invoice	Details - Step	3 of 4				Exit	Save for Later	Previous	Next 🕨
	Business U Reques	Jnit UOFL1 t ID	Invoice Number Invoice Date	duesdetherageamanda 03/02/2016	a030216 E	Entered By Entered Datetime	Childers,Sheila Dean 05/04/2016 10:09AM		
Line	Item ID D	Description	Quantity	Unit	Unit Price	Line Amount			
	Add Lines		Mis	*Cost Sub-Total	40.00	*Currency USD	٩		
						Exit	Save for Later	Previous	Next 🕨

Enter the following:

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

ld a Ne Line 1	ew Line		Description Dues for Amanda De	therage	Quantity Unit Unit Pr	rice Line Amou	20.00		
Αссоι	inting [	Details			SpeedType				
	Line	Quantity	*Amount	*GL Business Unit	Key Account	Fund Code	Department	Program Code	PC
+ -	]	1	20.00	UOFL1 Q	01053 535100	Q	Q	Q	Q
				<					>

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.

			Pay	ment Reques	st						
	_										
	Summary Info	rmation	Supplier Information		Invoice	Details		R	eview and Sub	mit	
Invoice	Details - Ste	p 3 of 4				Exit	Save for	r Later	Previous	Next	t 🕨
	Busines Requ	s Unit UOFL1 est ID	Invoice Number Invoice Date	duesdetherageama 03/02/2016	nda030216 I	Entered By Entered Datetime	Childers,She 05/04/2016	eila Dean 10:09AM			
Line	Item ID	Description	Quantity	Unit	Unit Price	Line Amount					
1		Dues for Amanda Detherage				20.00	<u>/</u>	Î			
2		Dues For Amanda Detherage				20.00	Ø	Î			
	Add Lines			*Cost Sub-Total	40.00						
			Mis	c Charge Amount							
				Freight Amount							
				Tax Amount							
				Total Amount	40.00	*Currency USD	Q				
						Exit	Save for	r Later	Previous	Next	

# Review and Submit – Step 4 of 4

Click "Review" before you submit the Payment Request.

		Pay	ment Request			
Summary Informatio	n Su	polier Information				wiow and Submit
Gunnary mornate					Exit	Save for Later
Review and Submit - Step	o 4 of 4					
Business Unit Request ID	UOFL1	Invoice Number Invoice Date	duesdetherageamanda030216 03/02/2016	5 Entered By Entered Datetime	Childers, Sheila Dean 05/04/2016 10:09AM	
Description	Membership Dues					
Supplier	Baptist Healthcare System Inc					
Total Amount	40.00 USD					
Request Status	New					
Click the "Review" buttor	n to review the detailed request.					
Click the "Submit" button	to submit your request.					
Review	Submit					
					Exit	Save for Later

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.

view Pag	e								
	Entere Bu: Invoi Invoi To To Notes/	Entered By ed Datetime siness Unit ce Number vvoice Date Description tal Amount Comments	Childers,She 05/04/2016 UOFL1 duesdethera 03/02/2016 Membership 40.00 Additional.co	eila Dean 10:09AM geamanda Dues <u>USI</u> mments if	a030216 D needed.		On Behalf of Em	aplid 1200800 D	Detherage,Amanda
Supplier l	nformation								
	:	Supplier ID Supplier	0000117098 Baptist Heal Baptist Heal 1025 New M LaGrange, k	thcare Sys th LaGrang loody Ln CY 40031	tem Inc ge				
nvoice De	etails								
Line 1	Item ID	Description Dues for Am	anda Detherage		Quantity	Unit	Unit Price	Line Amount 20.00	
Account	ing Details								
Line	Quantity	Amount	GL Business Unit	Accoun	t Fun		Department	Program Code	PC Business Unit
1		20.00	<b>C</b> OFL1	535100	100	ΝA	1220000356	01053	>
Line 2	Item ID	Description Dues For An	nanda Detherage		Quantity	Unit	Unit Price	Line Amount 20.00	
Account	ing Details								
Line	Quantity	Amount	GL Business Unit	Account	Fund	Code	Department	Program Code	PC Business Unit
1		20.00	UOFL1	520600	1000/	A.	1220000356	01053	
						Misc	Cost Sub-Total Charge Amount	40.00	>
							Freight Amount		

Click on "Submit" to process your Payment Request.

Payment Request										
Summary Information	n Si	upplier Information	Ir	avoice Details	Re	Review and Submit				
Review and Submit - Ste	0 4 of 4				Exit	Save for Later				
Business Unit Request ID	UOFL1	Invoice Number Invoice Date	duesdetherageamanda030216 03/02/2016	Entered By Entered Datetime	Childers,Sheila Dean 05/04/2016 10:09AM					
Description Supplier Total Amount Request Status	Membership Dues Baptist Healthcare System Inc 40.00 USD New									
Click the "Review" butto Click the "Submit" buttor Review	n to review the detailed request. In to submit your request.									
					Exit	Save for Later				

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

Payment Request									
				[					
Summary Information	on Sup	plier Information	Invoice Details	Review a	ind Submit				
Review and Submit - Step	o 4 of 4			Exit Save for	r Later				
Business Unit Request ID	UOFL1	Invoice Number duesdether Invoice Date 03/02/2016	ageamanda030216 Entered	By Childers,Sheila Dean time 05/04/2016 10:09AM					
Description Supplier Total Amount Request Status	Membership Dues Baptist Healthcare System Inc 40.00 USD New	Message The current Payment	Request will be submitted. Click OK to pr	oceed. (7060,61)					
Click the "Review" buttor Click the "Submit" buttor	n to review the detailed request. n to submit your request.	ОК	Cancel						
Review	Submit			Exit Save for	r Later				

Now you are back at the Payment Request Center.

					Payment Req	quest Center			Welcome: Chi	ders,Sheila Dean	
Reques	t Summary	From 02/04/2016	to 05/04/2016	Recent Me	essages						
Disp	ay Status	Nu	imber of Requests			No Rece	nt Messag	es			
	Pending	13									
	Approved	4									
	] Vouchered	5									
Cre	ate				<b>D</b>						
					Req	uests					
Request ID	Entered Datetime	Supplier ID	Supplier		Description	Amou	nt Curren	ncy Request Status	Business Unit Voucher I	D Scheduled to Pay	
00000020	4 05/04/2016 10:0	9AM 0000117098	Baptist Healthcare Sy	ystem Inc	Membership Dues	40.	00 USD	Pending	UOFL1		880
00000020	3 04/28/2016 3:2	9PM 000000640	Northwestern Mutual	Life Insurance	TEST	10.0	00 USD	Pending	UOFL1		980
00000020	2 04/28/2016 3:2	1PM 000000539	Midwest Library Svc		test	1.	00 USD	Pending	UOFL1		860
00000020	1 04/28/2016 2:3	2PM 0000116602	Commonwealth of Ke	entucky	Freight Charges	34.	00 USD	Approved	UOFL1		860
00000020	0 04/28/2016 2:1:	3PM 0000007420	Federal Express Corp	p	Freight 2	25.	00 USD	Approved	UOFL1		880
00000019	9 04/28/2016 1:1:	2PM 0000007420	Federal Express Corp	p	Freight Invoice	45.	00 USD	Pending	UOFL1		880
00000019	8 04/25/2016 4:1	5PM 0000117098	Baptist Healthcare Sy	ystem Inc	reimbursement	10.0	00 USD	Pending	UOFL1		660
00000019	4 04/19/2016 1:2	1PM 0000007420	Federal Express Corp	p	Pay Fed Express Invoice	35.	00 USD	Approved	UOFL1		650

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

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

						Payment Request Center					Welcome: C	hilders,Sheila Dean	
Req	uest S	ummary F	rom 02/04/2016	to 05/04/2016 💡	Recent Me	essages							
	Display	Status	Nur	mber of Requests			1	No Recent M	lessages				
		Pending	12										
	$\checkmark$	Approved	5										
		Vouchered	5										
	Create					R	equests						
Reque	st ID	Entered Datetime	Supplier ID	Supplier		Description		Total Amount	Currency	Request Status	Business Unit Vouche	r ID Scheduled to Pay	
00000	00204	05/04/2016 10:09A	M 0000117098	Baptist Healthcare Sy	stem Inc	Membership Dues		40.00	USD	Approved	UOFL1		880
00000	00203	04/28/2016 3:29PI	M 000000640	Northwestern Mutual	Life Insurance	TEST		10.00	USD	Pending	UOFL1		880
00000	00202	04/28/2016 3:21PI	M 000000539	Midwest Library Svc		test		1.00	USD	Pending	UOFL1		880
00000	00201	04/28/2016 2:32PI	M 0000116602	Commonwealth of Ke	entucky	Freight Charges		34.00	USD	Approved	UOFL1		980
00000	00200	04/28/2016 2:13PI	M 0000007420	Federal Express Corp	p	Freight 2		25.00	USD	Approved	UOFL1		980
00000	00199	04/28/2016 1:12PI	M 0000007420	Federal Express Corp	p	Freight Invoice		45.00	USD	Pending	UOFL1		880
00000	00198	04/25/2016 4:15PI	M 0000117098	Baptist Healthcare Sy	stem Inc	reimbursement		10.00	USD	Pending	UOFL1		880
00000	00194	04/19/2016 1:21PI	M 0000007420	Federal Express Corp	p	Pay Fed Express Invoice		35.00	USD	Approved	UOFL1		880

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

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										ilders,Sheila Dean	
Request	Summary Fro	m 02/05/2016	to 05/05/2016  🖤	Recent Messages							
Displa	y Status	Nu	imber of Requests		No Rece	ent Messages					
<b>~</b>	Pending	12									
	Approved	1									
V	Vouchered	10									
Crea	e			F	Requests						
Request ID	Entered Datetime	Supplier ID	Supplier	Description	Total Amount	Currency	Request Status	Business Unit	Voucher ID	Scheduled to Pay	
0000000205	05/05/2016 1:58PM	0000110357	OfficeMax Incorporated	supplies	2.00	USD	Approved	UOFL1			960
000000204	05/04/2016 10:09AM	0000117098	Baptist Healthcare Syste	em Inc Membership Dues	40.00	USD	Vouchered	UOFL1	01212538	05/05/2016	960
000000203	04/28/2016 3:29PM	000000640	Northwestern Mutual Life	e Insurance TEST	10.00	USD	Pending	UOFL1			960
0000000202	04/28/2016 3:21PM	000000539	Midwest Library Svc	test	1.00	USD	Pending	UOFL1			980
000000201	04/28/2016 2:32PM	0000116602	Commonwealth of Kentu	ucky Freight Charges	34.00	USD	Vouchered	UOFL1	01212537	05/05/2016	9 <sub>60</sub>
000000200	04/28/2016 2:13PM	0000007420	Federal Express Corp	Freight 2	25.00	USD	Vouchered	UOFL1	01212536	05/28/2016	960
000000199	04/28/2016 1:12PM	0000007420	Federal Express Corp	Freight Invoice	45.00	USD	Pending	UOFL1			960
000000198	04/25/2016 4:15PM	0000117098	Baptist Healthcare Syste	em Inc reimbursement	10.00	USD	Pending	UOFL1			960

Note: Voucher Build runs twice a day.

### <u>Workflow</u>

- 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" has and expand all to view the comments. The Payment Request can then be edited for resubmission.