

Tip Sheet for Nurse Agency Suppliers for Non-PO Invoicing

Table of Contents

Description	1
Invoice Submission.....	2
Invoice Criteria	2
Attachments.....	2
Invoice Billing for Multiple Individuals	2
Ship To Address Details	2
Invoice Examples	5
One (1) Individual.....	5
One (1) Individual with overtime hours	5
Two (2) different service categories and hourly rates	6
Multiple individuals with the same service category and hourly rate	6
Appendix	7

Description

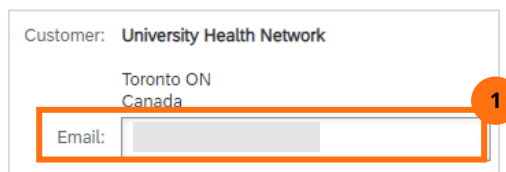
This document provides key information and examples for entering non-PO invoices on the SAP Business Network to submit for approval and payment processing.

Audience: This document is relevant to Nurse Agency suppliers who are enabled on the SAP Business Network (i.e., Ariba Network).

Disclaimer: Any information or numerical values shown in images are provided for training purposes only. They do not reflect actual supplier information.

Invoice Submission

1. Send non-PO invoices created on the **SAP Business Network** to the email address of the UHN contact, by populating the **Email** field.

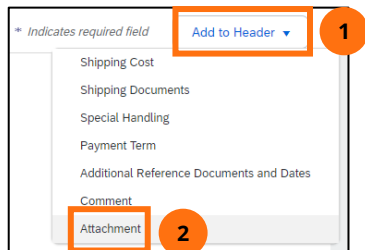
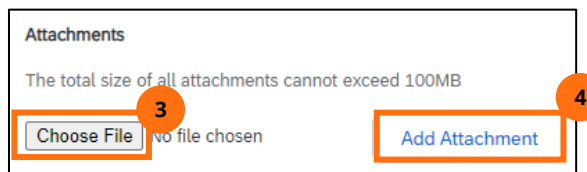


Invoice Criteria

1. UHN requires **only one invoice per clinical unit** (one site, one unit, one invoice).
2. The date on the invoice and the date listed on the Ariba submission **must be the same date**.
3. **It is mandatory to attach a copy of your invoice**. Include a breakdown of individual names, days worked, and hours worked.

Attachments

1. To attach an invoice, click the **Add to header** dropdown arrow.
2. Click **Attachment**.
3. In the **Attachment** section, click **Choose File**.
4. Click **Add Attachment**.

Invoice Billing for Multiple Individuals

1. To bill for **multiple individuals** at the **same hourly rate**, enter the **total amount** into **one (1) line**.
2. Type in the **Description** field, "**See attached invoice for individual names, days worked, and hours worked**".
3. The **unit of measure (hours)** must be entered (**typed in**) exactly as **HR**.



4. Only create **multiple invoice lines** if the individual(s) are:
 - billed at **different rates**, or
 - for different nursing positions

Ship To Address Details

1. In the **Shipping** section, update the **Ship To** address to reflect the location where the work took place. Click **View/Edit Addresses**.

Shipping

☒ Header level shipping ⓘ ☐ Line level shipping ⓘ

Ship From: University Health Network
Toronto ON
Canada

Ship To: University Health Network
Toronto ON
Canada

Deliver To:

[View/Edit Addresses](#)



Important: You must enter the **exact address** in order to prevent any system errors and to avoid any delays in processing the invoice.

- Click the link [UHN Ship-To Addresses](#) to be re-directed to a webpage with the exact **UHN Ship To address** details. **Note:** Depending on your security settings, the link may be flagged as suspicious. The link is legitimate and safe to access.
- Using the **dropdown arrow**, select the address.
- Click the  **copy icon** next to each field to copy to clipboard.



UHN Ship To Addresses

Click the  copy icon next to each field to copy to clipboard

Select Address

Toronto General Hospital

Choose a facility from the dropdown to view its address details.

Toronto General Hospital

NAME

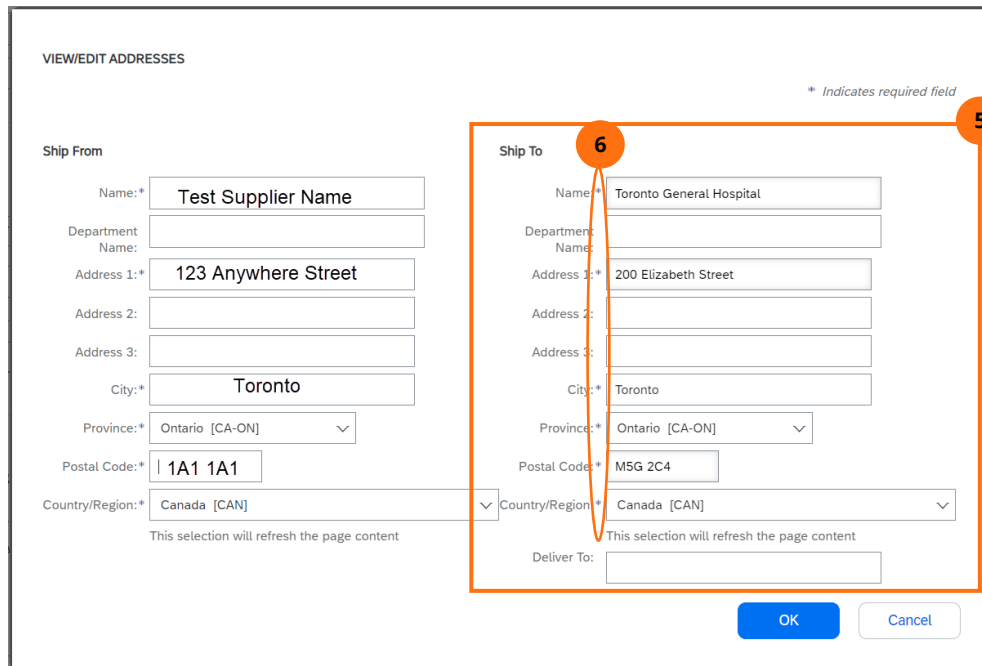
Toronto General Hospital

Copy name

STREET

200 Elizabeth Street

5. Paste the information in the **Ship To** details in the **SAP Business Network**.
6. Repeat this for each required field, indicated by an asterisk.
7. If using the copy-paste function of this website is not an option, refer to the [Appendix](#) for a table of the correct **UHN Ship To addresses**.



VIEW/EDIT ADDRESSES

* Indicates required field

Ship From

Name: * Test Supplier Name

Department Name:

Address 1: * 123 Anywhere Street

Address 2:

Address 3:

City: * Toronto

Province: * Ontario [CA-ON] ▼

Postal Code: * 1A1 1A1

Country/Region: * Canada [CAN] ▼

This selection will refresh the page content

Ship To

Name: * Toronto General Hospital

Department Name:

Address 1: * 200 Elizabeth Street

Address 2:

Address 3:

City: * Toronto

Province: * Ontario [CA-ON] ▼

Postal Code: * M5G 2C4

Country/Region: * Canada [CAN] ▼

This selection will refresh the page content

Deliver To:

OK Cancel



If you receive a **Rejection Reason** for an **invalid Ship To address**, refer to the [UHN Ship to Addresses](#) on the [UHN Supplier Information Portal](#).

Invoice Examples

One (1) Individual

Header Information

Supplier: [Redacted]
 Supplier Contact: [Redacted]
 Invoice ID: [Redacted]
 Supplier Invoice #: [Redacted]
 Invoice Date: [Redacted]
 Type: Non-PO
 Supplier Sales Order #: [Redacted]
 On Behalf Of: [Redacted]
 Invoice Submission Method: [Redacted]
 Invoice Origin: Supplier
 Company Code: [Redacted]
 My Labels: Apply Label...
 Payment Terms: (no value)
 Ship From: [Redacted]
 ShipTo(Plant): Toronto Western Hospital
 399 Bathurst Street
 Toronto ON M5T 2S8
 Canada
 Remit To Address: [Redacted]
 Canada

Header Taxes, Charges, and Discount

Name	Type	Tax Rate	Amount	Accounting	Details
No Items					

Line Items (1)

No.	Description	Qty	Unit	Price	Amount	Discount	Charges	Taxes	Gross Amount	Accounting	Details
1	PSW	7.5	Hour	\$10.00						(1)	Details

Base Amount: [Redacted] CAD
 Discount: \$0.00 CAD
 Charge: \$0.00 CAD
 Tax: [Redacted] CAD
 Payable To Supplier: [Redacted] CAD

One (1) Individual with overtime hours

Header Information

Supplier: [Redacted]
 Supplier Contact: [Redacted]
 Invoice ID: [Redacted]
 Supplier Invoice #: [Redacted]
 Invoice Date: [Redacted]
 Type: Non-PO
 Supplier Sales Order #: [Redacted]
 On Behalf Of: [Redacted]
 Invoice Submission Method: [Redacted]
 Invoice Origin: Supplier
 Company Code: [Redacted]
 My Labels: Apply Label...
 Payment Terms: [Redacted]
 Ship From: [Redacted]
 ShipTo(Plant): Toronto General Hospital
 200 Elizabeth Street
 Toronto ON M5G 2C4
 Canada
 Remit To Address: [Redacted]
 Canada

Header Taxes, Charges, and Discount

Name	Type	Tax Rate	Amount	Accounting	Details
No Items					

Line Items (2)

No.	Description	Qty	Unit	Price	Amount	Discount	Charges	Taxes	Gross Amount	Accounting	Details
1	PSW	30	Hour	\$10.00 CAD						(1)	Details
2	PSW	3.75	Hour	\$5.70 CAD						(1)	Details

Base Amount: [Redacted] CAD
 Discount: \$0.00 CAD
 Charge: \$0.00 CAD
 Tax: [Redacted] CAD

Two (2) different service categories and hourly rates

Header Information A

Supplier: [Redacted]
 Supplier Contact: [Redacted]
 Invoice ID: [Redacted]
 Supplier Invoice #: [Redacted]
 Invoice Date: [Redacted]
 Type: Non-PO
 Supplier Sales Order #: [Redacted]
 On Behalf Of: [Redacted]
 Invoice Submission Method: [Redacted]
 Invoice Origin: Supplier
 Company Code: [Redacted]
 My Labels: Apply Label...
 Payment Terms: [Redacted]
 Ship From: [Redacted]
 Ship To (Plant): Canada
 399 Bathurst Street
 Toronto ON M5T 2S8
 Canada
 Remit To Address: [Redacted]

Header Taxes, Charges, and Discount

Name	Type	Tax Rate	Amount	Accounting	Details
Tax	Harmonized Sales tax	13.0002412312%	\$673.64 CAD	(1)	Details

Line Items (2)

No.	Description	Qty	Unit	Price	Amount	Discount	Charges	Taxes	Gross Amount	Accounting	Details
1	PSW	22.5	Hour	\$10.00						(1)	Details
2	RN	45	Hour	\$15.00						(1)	Details

Base Amount: [Redacted] CAD
 Discount: \$0.00 CAD
 Charge: \$0.00 CAD
 Tax: [Redacted] CAD
 Payable To Supplier: [Redacted] CAD

Multiple individuals with the same service category and hourly rate

Header Information A

Supplier: [Redacted]
 Supplier Contact: [Redacted]
 Invoice ID: [Redacted]
 Supplier Invoice #: [Redacted]
 Invoice Date: [Redacted]
 Type: Non-PO
 Supplier Sales Order #: [Redacted]
 On Behalf Of: [Redacted]
 Invoice Submission Method: [Redacted]
 Invoice Origin: Supplier
 Company Code: [Redacted]
 My Labels: Apply Label...
 Payment Terms: (no value)
 Ship From: [Redacted]
 Ship To (Plant): Toronto General Hospital
 200 Elizabeth Street
 Toronto ON M5G 2C4
 Canada
 Remit To Address: [Redacted]

Header Taxes, Charges, and Discount

Name	Type	Tax Rate	Amount	Accounting	Details
No Items					

Line Items (1)

No.	Description	Qty	Unit	Price	Amount	Discount	Charges	Taxes	Gross Amount	Accounting	Details
1	please find the attached invoice.	45	Hour	\$10.00						(1)	Details

Base Amount: [Redacted] CAD
 Discount: \$0.00 CAD
 Charge: \$0.00 CAD
 Tax: [Redacted] CAD
 Payable To Supplier: [Redacted] CAD

Appendix

Toronto General Hospital	200 Elizabeth Street	Toronto	Ontario	Canada	M5G 2C4
Princess Margaret Hospital	610 University Avenue	Toronto	Ontario	Canada	M5G 2M9
Toronto Western Hospital	399 Bathurst Street	Toronto	Ontario	Canada	M5T 2S8
UHN Pandemic Stock	200 Elizabeth Street	Toronto	Ontario	Canada	M5G 2C4
TGH Research	200 Elizabeth Street	Toronto	Ontario	Canada	M5G 2C4
TWH Research	399 Bathurst Street	Toronto	Ontario	Canada	M5T 2S8
PMH Research	610 University Avenue	Toronto	Ontario	Canada	M5G 2M9
PMCRT Research	101 College Street	Toronto	Ontario	Canada	M5G 1L7
TRI Research	550 University Avenue	Toronto	Ontario	Canada	M5G 2A2
Toronto Rehab Bickle Campus	89 Close Avenue	Toronto	Ontario	Canada	M6K 2V2
Toronto Rehab Lyndhurst Campus	520 Sutherland Drive	Toronto	Ontario	Canada	M4G 3V9
Toronto Rehab University Ctr	550 University Avenue	Toronto	Ontario	Canada	M5G 2A2
Toronto Rehab Rumsey Center	347 Rumsey Road	Toronto	Ontario	Canada	M4G 1R7
West Park Healthcare Centre (WP)	170 Emmett Avenue	Toronto	Ontario	Canada	M6M 2J5
UHN Buttonwood Reactivation Care Centre (RCC)	82 Buttonwood Avenue	Toronto	Ontario	Canada	M6M 2J5