

Nurse Agency Suppliers Guide for Non-PO Invoicing

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Description

This document provides the steps for creating a non-PO invoice 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.

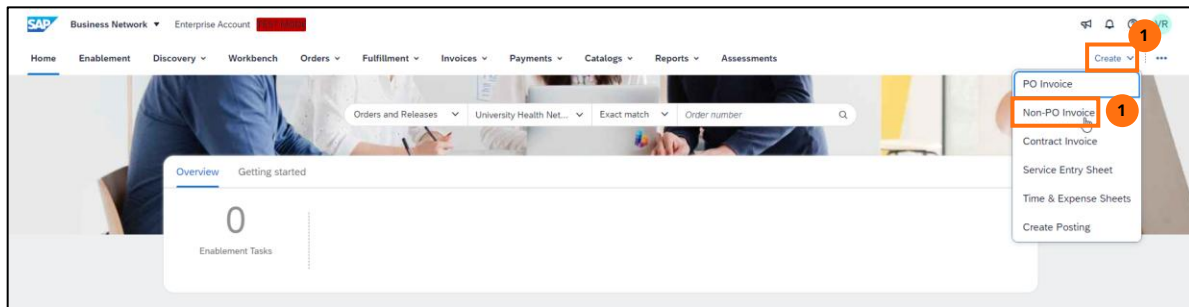


Invoice Criteria

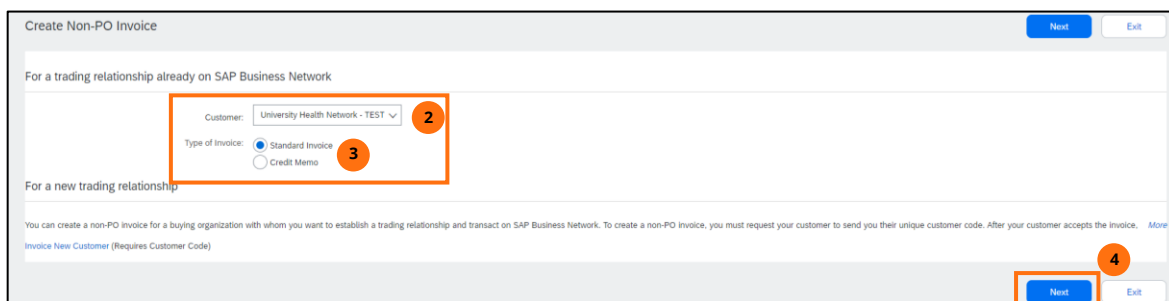
1. UHN requires **only one invoice per clinical unit** (one site, one unit, one invoice).
2. The invoice date and the date listed on the Ariba submission **must be the same date**.
3. **It is mandatory to attach a copy of your invoice**. Include a breakdown of individual names, days worked, and hours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

How to Create a Non-PO Invoice

1. On the **SAP Business Network** dashboard, click the **Create** menu and select **Non-PO Invoice**.

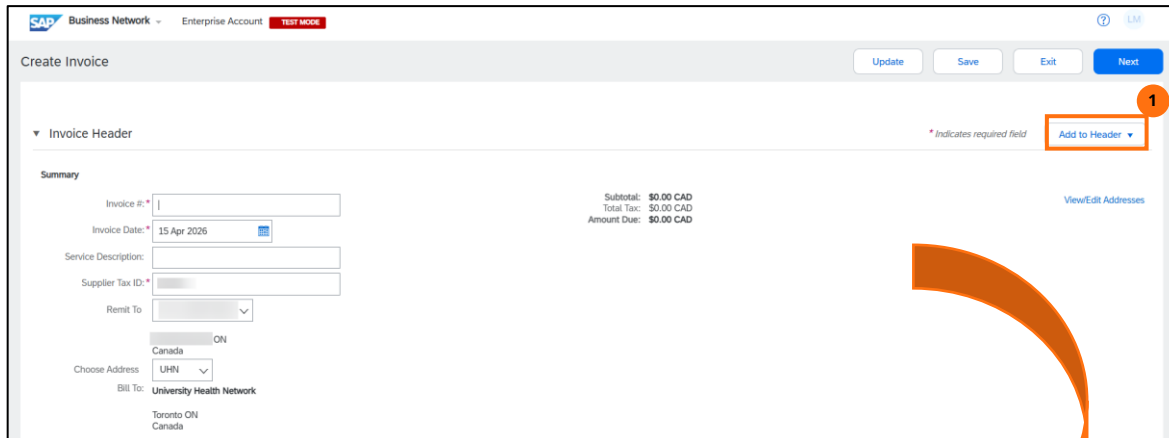


2. In the **Customer** field select **University Health Network**.
3. **Type of Invoice**, select **Standard Invoice**.
4. Click **Next**.



Add a Section for Attachments

1. On the **Create Invoice** page, click the dropdown menu **Add to Header**.



SAP Business Network - Enterprise Account TEST MODE

Create Invoice

Update Save Exit Next

Invoice Header

* Indicates required field

Add to Header

Summary

Invoice #: 1

Invoice Date: 15 Apr 2026

Service Description:

Supplier Tax ID:

Remit To:

Canada ON

Choose Address: UHN

Bill To: University Health Network

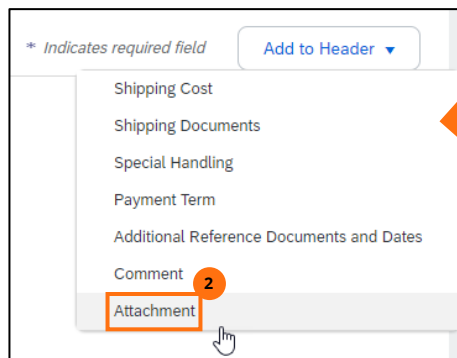
Toronto ON
Canada

Subtotal: \$0.00 CAD
Total Tax: \$0.00 CAD
Amount Due: \$0.00 CAD

View/Edit Addresses

2. Click **Attachment**. This adds an attachment section to the bottom of the invoice page. You will attach the invoice document at a later step.

Remember, it is mandatory to attach a copy of your invoice.



* Indicates required field

Add to Header

Shipping Cost

Shipping Documents

Special Handling

Payment Term

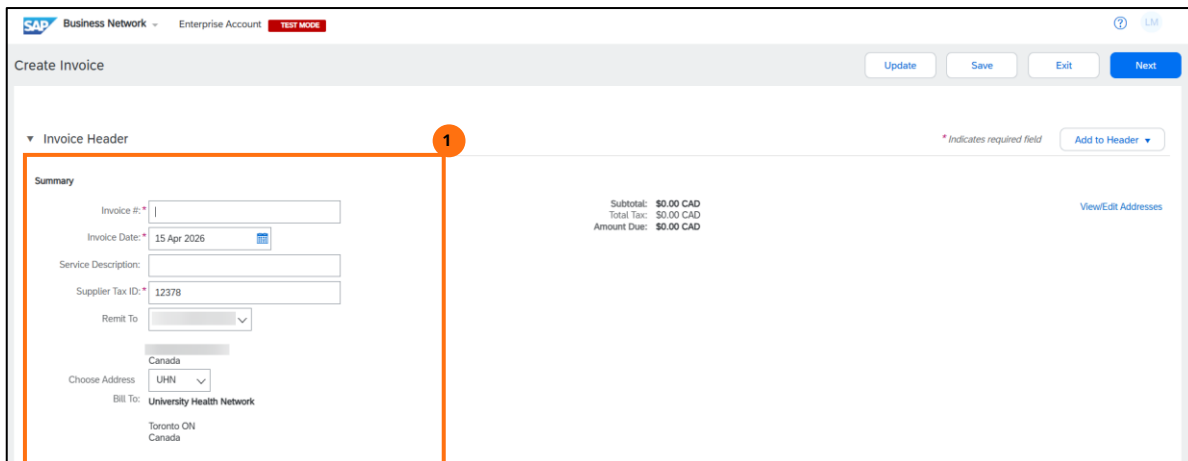
Additional Reference Documents and Dates

Comment

Attachment

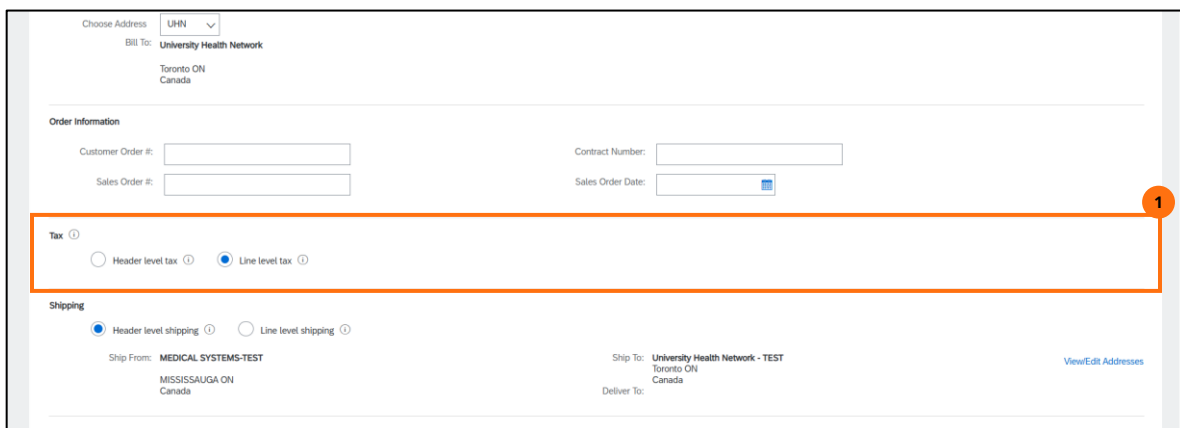
Enter and Validate Header Information

- In the **Summary** section of the **Invoice Header**, enter the following information.
All fields marked with an asterisk (*) are mandatory.
 - Invoice #**: This must match the attached invoice.
 - Invoice Date**: This must match the date on the attached invoice.
 - Service Description** (optional)
 - Supplier Tax ID**: (e.g., HST number)
 - Choose Address**: UHN defaults, do not change.



Tax Section

- Select **Line level tax**.



Update Ship To Address

- Scroll down to the **Shipping** section. The **Ship To address** defaults to University Health Network, but needs to reflect 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](#)

- 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.
- Paste the information in the **Ship To** details in the **SAP Business Network**.
- Repeat this for each required field, indicated by an asterisk.
- Click **OK**.

 **UHN**

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

STREET

200 Elizabeth Street

CITY

Toronto

PROVINCE

Ontario [CA-ON]

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

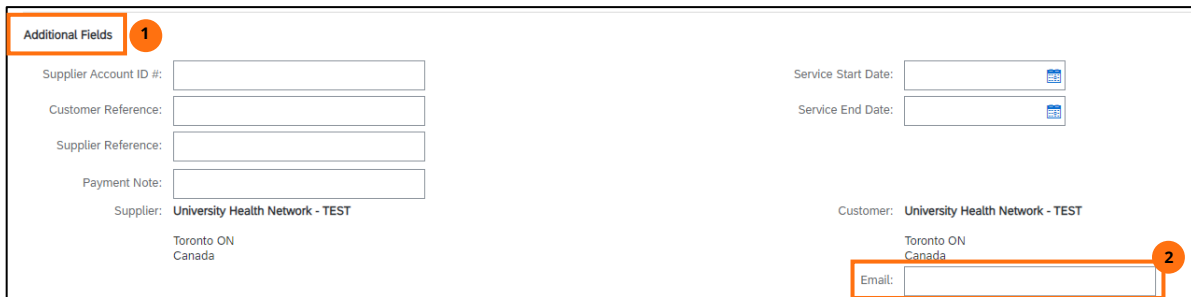
Deliver To:

OK **Cancel**

- If 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**.

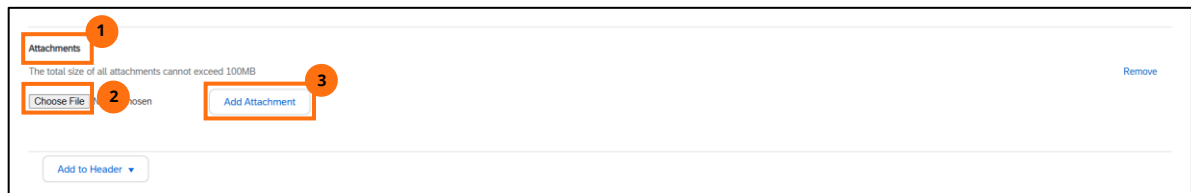
Enter Email Address

1. Scroll down to the **Additional Fields** section.
2. In the **Email** field, enter the email address of the UHN contact who requested the service.

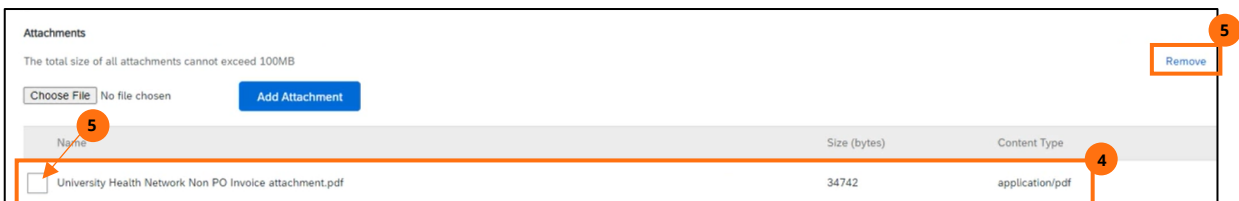


Add an Attachment

1. Scroll down to the **Attachments** section you added in an earlier step.
2. Click **Choose File** and navigate to the invoice (Word, Excel, or PDF format). Ensure it includes a breakdown of individual names, days worked, and hours worked.
3. Click **Add Attachment**.



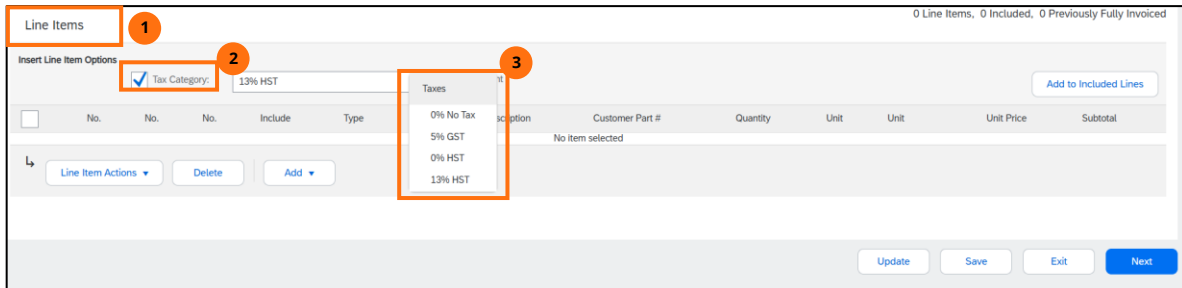
4. The attached document will display.
5. To remove an attachment, click the checkbox beside the document name and click **Remove**.



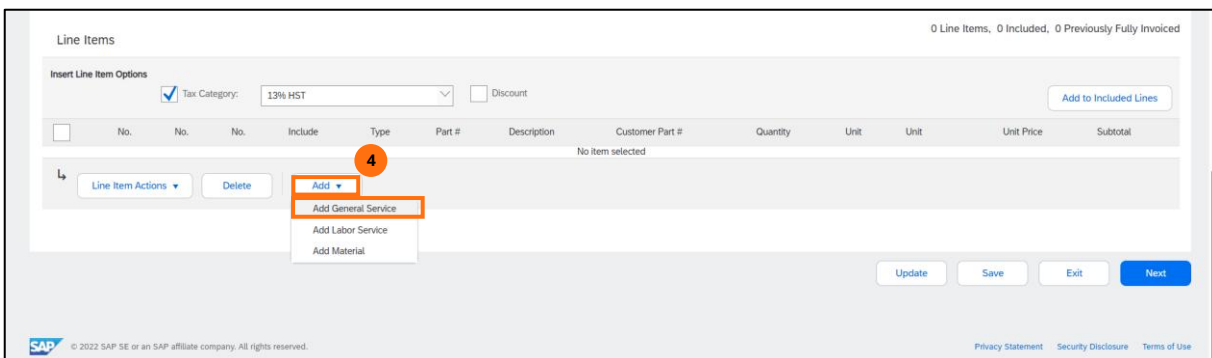
Name	Size (bytes)	Content Type
University Health Network Non PO Invoice attachment.pdf	34742	application/pdf

Enter Line Items

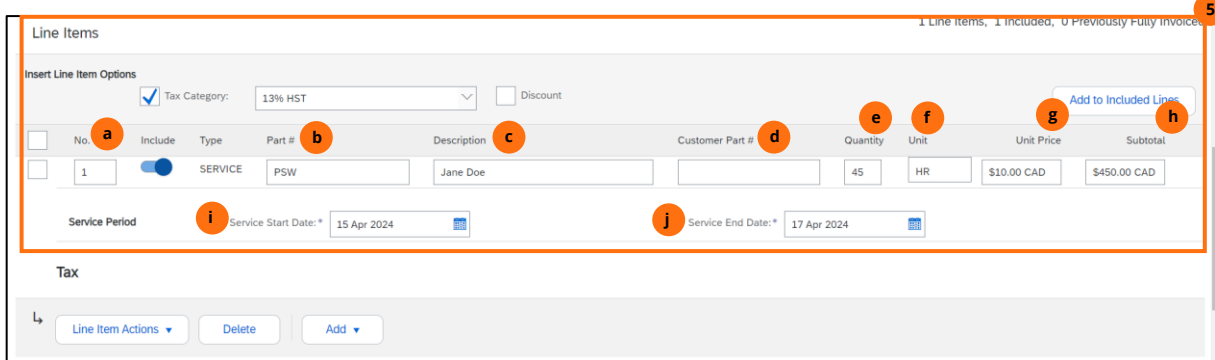
1. Scroll down to the **Line Items** section.
2. Click the checkbox for **Tax Category**.
3. In the **drop-down menu**, select a tax option. You will apply/edit the tax for each line item.



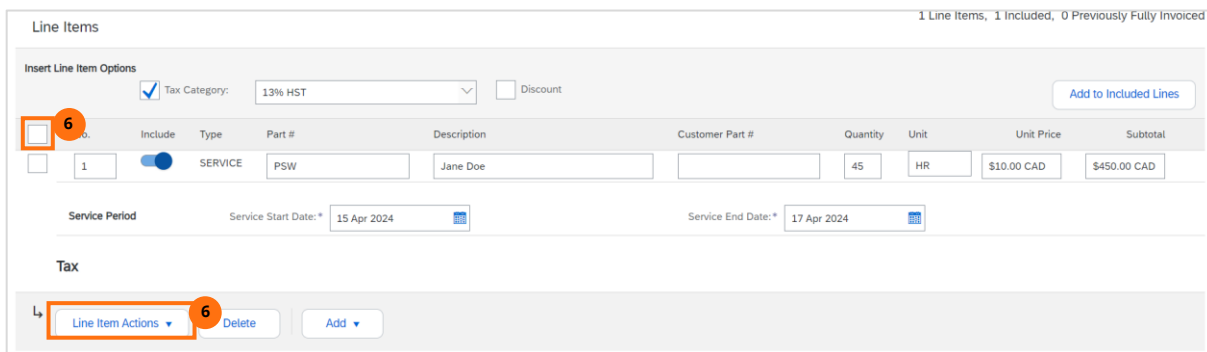
4. To add a line item, click **Add** and click **Add General Service**.
 - To bill for **multiple individuals** at the **same hourly rate**, enter the **total amount** into **one line**.
 - If the individual(s) are billed at **different rates**, or are **different nursing positions**, use **multiple lines**.



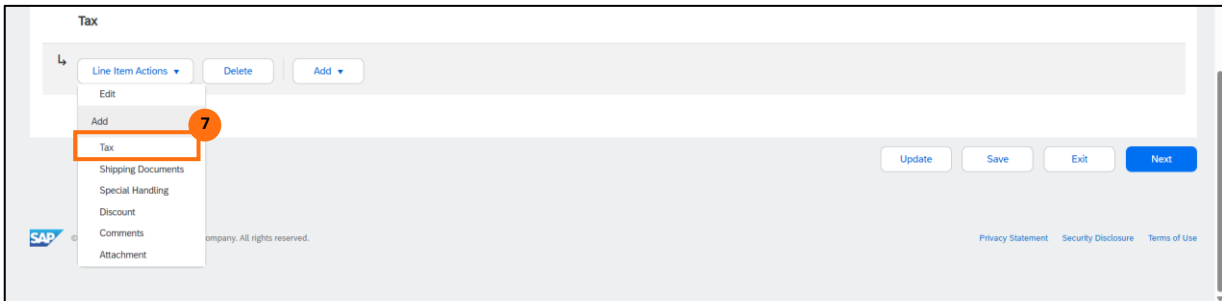
5. For each line item, enter the following information:
- No.:** Enter a line number
 - Part #:** PSW/RN/RPN/Admin Support
 - Description:**
 - Name of individual or,
 - For **multiple individuals at the same hourly rate**, enter “*see attached invoice for individual names, days worked, and hours worked*”.
 - Customer Part #:** N/A
 - Quantity:** Number of hours worked
 - Unit:** HR (enter **HR** exactly as written or the invoice will cause an error in the UHN system).
 - Unit Price:** Rate
 - Subtotal:** Will auto-calculate
 - Service Start Date:** Date service began
 - Service End Date:** Date service ended



6. To add the selected tax amount to each line item, select the **checkbox** for the line item(s) and click **Line Item Actions** dropdown menu.



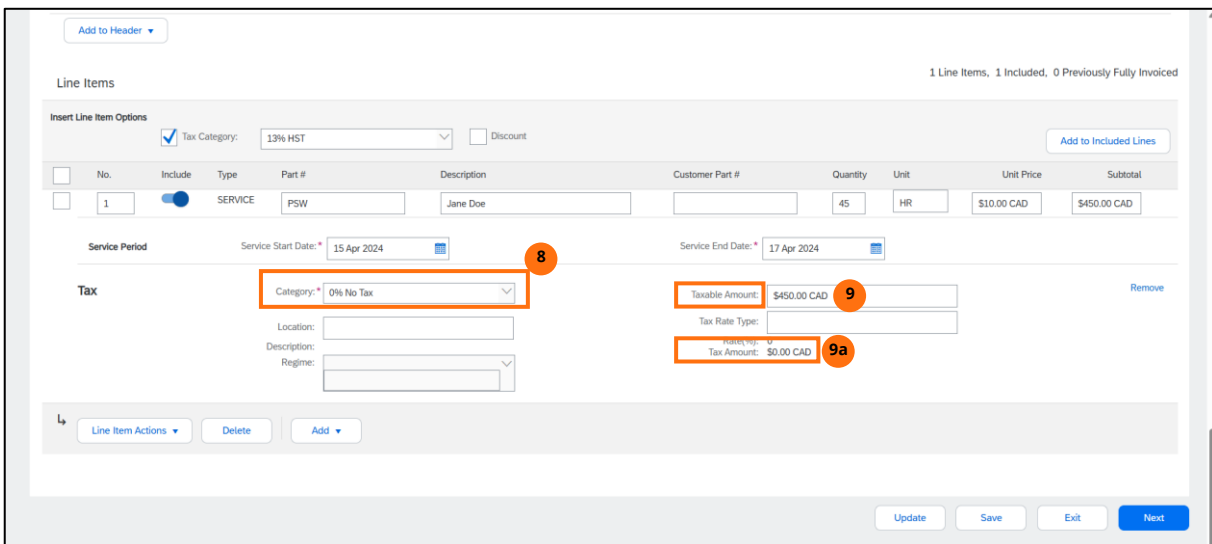
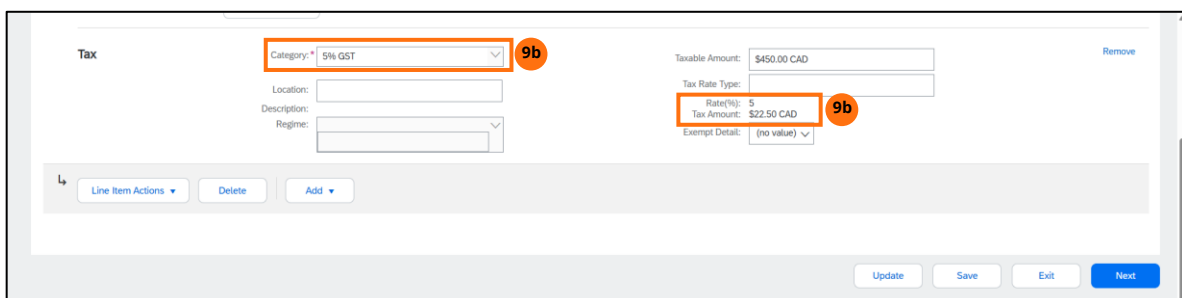
7. Select **Tax**. This adds a **Tax section** to each line item selected.



8. In the **Category** field, select the tax option using the **dropdown menu**.

9. The **Tax Amount** auto-calculates based on the **Taxable Amount**. For example,

- If **0% No Tax** is selected, **Tax Amount** reflects **\$0.00 CAD**
- If **5% Tax** selected, **Tax Amount** reflects **\$22.50 CAD**

Review the Invoice

1. Review the information in all the line items. Click **Update**.
Scroll to the top of the screen to check for any red flags or missing information warnings.
Ensure you have attached the invoice document.

Line Items 1 Line Items, 1 Included, 0 Previously Fully Invoiced

Insert Line Item Options

☒ Tax Category: 13% HST ☐ Discount Add to Included Lines

No.	Include	Type	Part #	Description	Customer Part #	Quantity	Unit	Unit Price	Subtotal
1	☒	SERVICE	PSW	Jane Doe		45	HR	\$10.00 CAD	\$450.00 CAD

Service Period
Service Start Date: 15 Apr 2024 📅 Service End Date: 17 Apr 2024 📅

Tax
Category: 13% HST 📅 Taxable Amount: \$450.00 CAD Remove
Location:
Description:
Regime:
Tax Rate Type:
Rate(%): 13
Tax Amount: \$58.50 CAD

Line Item Actions ▼ Delete Add ▼

Update Save Exit Next

2. Once you have validated all the information, click **Next**.

SAP Business Network - Enterprise Account TEST MODE ? LM 2

Create Invoice Update Save Exit Next

▼ Invoice Header * Indicates required field Add to Header

Summary

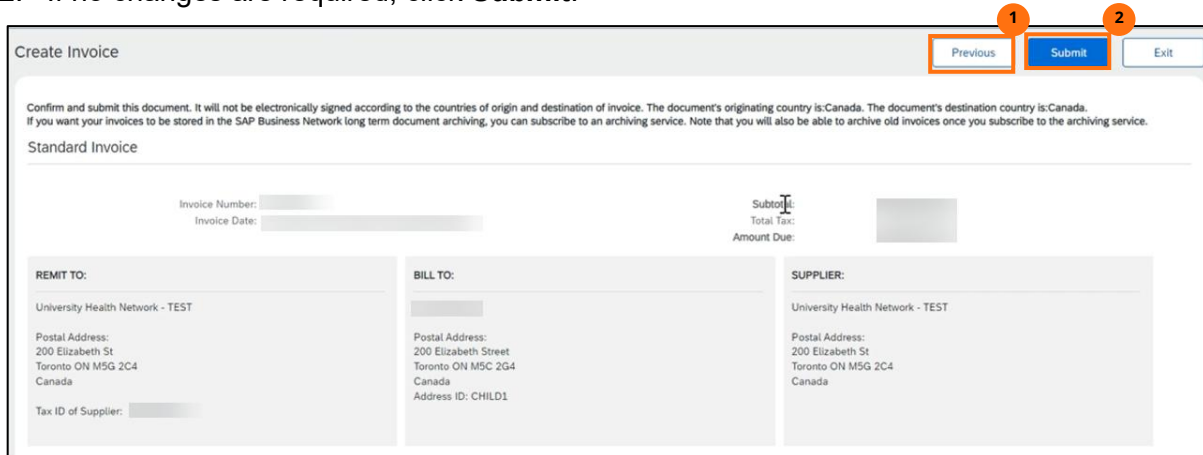
Invoice #: test1234test
Invoice Date: 16 Apr 2026 📅
Service Description:
Supplier Tax ID: 12378
Remit To:
Choose Address: Canada ▼
UHN ▼
Bill To: University Health Network
Toronto ON
Canada

Subtotal: \$450.00 CAD
Total Tax: \$22.50 CAD
Amount Due: \$472.50 CAD View/Edit Addresses

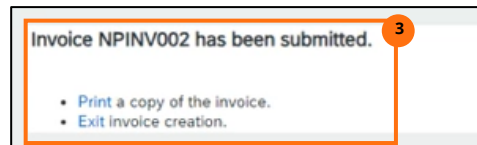
Order Information

Submit the Invoice

1. Scroll down to review all the invoice details for accuracy and ensure the supplier invoice is attached. To make any changes click **Previous**.
2. If no changes are required, click **Submit**.



3. A message displays indicating the invoice has been submitted. You have the option to **Print** a copy of the invoice or click **Exit** to be brought back to the **SAP Business Network** dashboard.



Non-PO 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]
Ship To (Plant): Toronto Western Hospital
300 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]
Ship To (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

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