# **WHN**

## User Guide – SAP Business Network Non-PO Invoicing for Suppliers

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#### DESCRIPTION

**Audience**: This document is relevant for suppliers who are enabled on the SAP Business Network (i.e., Ariba). If you are a nursing agency, refer to the <u>UHN Supplier Information Portal</u> for specific resources.

This document provides the steps for entering non-PO invoices in the SAP Business Network to submit for approval and payment processing.

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

#### **KEY INFORMATION**

- Send non-PO invoices created in the SAP Business Network to the email address of the UHN individual who requested the goods/service.
- It is mandatory to attach a copy of your invoice:



- For staffing agencies, include a breakdown of individual names, days worked, and hours worked.
- For a service invoice, include the work order.
- For goods ordered, include the list of goods purchased and pricing per item.

#### **STEPS**

#### INITIATE 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. For Type of Invoice, select Standard Invoice.
- 4. Click Next.

For a trading relationship already on SAP Business Network Customer: University Health Network - TEST v Type of Innoice: Standard Innoice Customer: Control Meno Customer: Customer: Control Meno Customer:	
Check Memo For a new trading relationship You can create a non-PO involce for a buying organization with whom you want to establish a trading relationship and transact on SAP Business Networ Involce New Customer (Nequires Customer Code)	k. To create a non-PO invoice, you must request your customer to send you their unique customer code. After your customer accepts the invoi
	Next
D ATTACHMENT SECTION	* Indicates required field Add to Header
D ATTACHMENT SECTION On the <b>Create Invoice</b> page click <b>Add to</b> <b>Header</b> and select <b>Attachment</b> . This adds an attachment section to your invoice page.	* Indicates required field Add to Header

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#### ENTER/VALIDATE THE HEADER INFORMATION

- 1. Under **Invoice Header**, enter the following information. Note that all fields marked with an asterisk (\*) are mandatory.
  - a. **Invoice #**: This must match the attached invoice.
  - b. Invoice Date: This must match the date on the attached invoice.
  - c. Service Description: (optional)
  - d. Supplier Tax ID: (e.g., HST number)
  - e. Choose Address: UHN defaults, do not change.

SAP Business Netwo	TEST MODE		
Create Invoice			
<ul> <li>Invoice Header</li> </ul>			
Summary			
Invoice		Total Tax:	
Invoice Dat	e:* 6 Mar 2024	Amount Due:	\$0.00 CAD
Service Descriptio	n:		
Supplier Tax II	D:*		
Remit T	D: University Health Network - TEST		
	Toronto ON Canada		
Choose Address			
Bill T	Oniversity Health Network		
	Toronto ON Canada		

#### UPDATE SHIP TO ADDRESS

- Scroll down to the Shipping section. The Ship To defaults to University Health Network, but needs to be updated to where the work took place or where the goods were delivered. If the work took place or goods were delivered at multiple locations, only one address needs to be entered.
- 2. Click View/Edit Addresses.

Shipping		
$igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igodoldsymbol{igo$	1	
Ship From: University Health Network	Ship To: University Health Network Toronto ON	View/Edit Addresses
Toronto ON Canada	Canada Deliver To:	



3. In the **Ship To** section, edit the address information to align with the location where the work took place or where the goods were delivered.



**Important**: You must enter in the **exact address** as shown in the table to prevent any error messages and to avoid any delays in processing the invoice. Refer to <u>Appendix A</u> for a "copy & paste" version of the table. Copying and pasting can be a helpful technique to ensure all fields are entered correctly. Please be mindful to remove any extra spaces.

#### 4. Click OK.

VIEW/EDIT ADDRESSES			<b>UHN Ship</b>	To addr	esses	:		
	* Indicates required field	[	Toronto General Hospital	200 Elizabeth Street	Toronto	Ontario	Canada	M5G 2C4
Ship From	Ship To		Princess Margaret Hospital	610 University Avenue	Toronto	Ontario	Canada	M5G 2M9
Name:* Test Supplier Name	Name:* Toronto General Hospital		Toronto Western Hospital	399 Bathurst Street	Toronto	Ontario	Canada	M5T 2S8
Address 1:* 123 Anywhere Street	Name: Address 1:* 200 Elizabeth Street		UHN Pandemic Stock	200 Elizabeth Street	Toronto	Ontario	Canada	M5G 2C4
Address 2:	Address 2:		TGH Research	200 Elizabeth Street	Toronto	Ontario	Canada	M5G 2C4
Address 3:	Address 3:	←	TWH Research	399 Bathurst Street	Toronto	Ontario	Canada	M5T 2S8
City:* Toronto	City:* Toronto		PMH Research	610 University Avenue	Toronto	Ontario	Canada	M5G 2M9
Province:* Ontario [CA-ON] V	Province:* Ontario [CA-ON] V		PMCRT Research	101 College Street	Toronto	Ontario	Canada	M5G 1L7
Postal Code:*   1A1 1A1	Postal Code:* M5G 2C4		TRI Research	550 University Avenue	Toronto	Ontario	Canada	M5G 2A2
Country/Region:* Canada [CAN] This selection will refresh the page content	Country/Region:* Canada [CAN]		Toronto Rehab Bickle Campus	89 Close Avenue	Toronto	Ontario	Canada	M6K 2V2
	Deliver To:		Toronto Rehab Lyndhurst Campus	520 Sutherland Drive	Toronto	Ontario	Canada	M4G 3V9
	OK 4 ncel		Toronto Rehab University Ctr	550 University Avenue	Toronto	Ontario	Canada	M5G 2A2
			Toronto Robab Rumeau	347 Dumeny Doad	Toronto	Ontario	Canada	MAG 1P7

#### ENTER EMAIL ADDRESS

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

Additional Fields			
Supplier Account ID #:		Service Start Date:	
Customer Reference:		Service End Date:	Ħ
Supplier Reference:		]	
Payment Note:			
Supplier:	University Health Network - TEST	Customer:	University Health Network - TEST
	Toronto ON Canada		Toronto ON Canada 2
		Email:	



#### ADD ATTACHMENT

- 1. Scroll down to the **Attachments** section.
- Click Choose File and navigate to the invoice (Word, Excel, or PDF format). Ensure it includes the necessary details (refer to <u>Key</u> <u>Information</u> in this document).
- 3. Click the Add Attachment button.



4. The document displays. To remove an attachment, select the document and click **Remove**.

Attachments       The total size of all attachments cannot exceed 100MB       Choose File     No file chosen       Add Attachment			4 Remove
A	Size (bytes)	Content Type	
University Health Network Non PO Invoice attachment.pdf	34742	application/pdf	

#### ADD TAX CATEGORY

- 1. Scroll down to the Line Items section.
- 2. Select Tax Category.
- 3. In the drop-down menu, select an option.

Note: You will apply/edit the tax for each line item.

Line Items 1		
Insert Line Item Options	3 Discount	Add to Included Lines



#### STAFFING AGENCIES: ENTER LINE ITEMS

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

#### GOODS/SERVICES: ENTER LINE ITEMS

- 1. To add a line item:
  - a. For services, click Add → Add General Service
  - b. For goods, select Add → Add Material

Line Item	s						
Insert Line Iten	n Options	Tax Cate	egory: 59	6 GST		✓ Discount	
	No.	No.	No.	Include	Туре	Part #	Description
Line	Item Action	ns 🔻 🚺	Delete	Add - Add General S		Staffing Agencies a Services select: A General Service	dd
		Goods s Add Ma		Add Labor Se	վիդ		

- 2. For each line item for **Staffing Agencies**, enter the following information:
  - a. No.: Enter any number
  - b. Part #: <role>
  - c. 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".
  - c. Customer Part #: N/A
  - d. Quantity: Number of hours worked
  - e. Unit: **HR** (enter **HR** exactly as written or the invoice will cause an error in the UHN system).
  - f. Unit Price: <rate>
  - g. Subtotal: Will auto-calculate
  - h. Service Start Date
  - i. Service End Date

- 2. For each line item for **Goods/Services**, enter the following information:
  - a. No.: Enter any number
  - b. Part #: N/A
  - c. Description: see attached invoice for details
  - d. Customer Part #: N/A
  - e. Quantity: 1
  - f. Unit: EA
  - g. Unit Price: Subtotal amount before tax
  - h. Subtotal: Will auto-calculate
  - i. Service Start Date (not required for materials)
  - j. Service End Date (not required for materials)

	Тах								
Г	No.	Include	Туре	Part #	Description	Customer Part # Quantity Unit	Unit Price	Subtotal	2
I			SERVICE					\$0.00 CAD	
	Service Perio	d	Service	e Start Date:*		Service End Date:*			
	Тах								



#### ADD TAX INFORMATION

1. To add the selected tax to each line item, select the line item(s) and click Line Item Actions.

ine Items						
ert Line Item Options	Tax Category:	13% HST	Discount			Add to Included
No.	Include Type	Part #	Description	Customer Part #	Quantity Unit	Unit Price Subt
1	SERVICE	PSW	Jane Doe		45 HR	\$10.00 CAD \$450.00 CAI
Service Period	Serv	ice Start Date:* 15 Ap	or 2024	Service End Date:* 17 A	Apr 2024	
Тах						
•	1					

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

No	Include	
Edit		
Add		
	2	
Tax		
SH	ng Documents	
Speci	ial Handling	
Disco	tint	
01000		
Comr	ments	
Attac	hment	
-		_

3. In the **Tax** section, **Category** field, update using the drop down menu. The Tax Amount auto-calculates based on the **Taxable Amount** field.

Тах	Category:* 13% HST	3 Taxable Amount:	\$300.00 CAD	Remove
	Location: Description: Regime:	Tax Rate Type: Rate(%): Tax Amount:		



#### **REVIEW THE INVOICE**

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

Line Items								1 Line	Items, 1 Inclue	ied, 0 Pro	eviously Fully Ir	nvoiced
Insert Line Item Optio	ns Tax Category:	13% HST	~	Discount						Ad	d to Included Lir	nes
No.	Include Type	Part #	Description Jane Doe		Customer	Part #	Quantity 45	Unit HR	Unit \$10.00 C/	Price	Subtotal \$450.00 CAD	
Service Peri	od Servic	ce Start Date: * 15 A	Apr 2024		Service	End Date:*	17 Apr 2024					
Tax		Category: * 13% Location: Description: Regime:	HST	~	Tax	Rate Type: Rate(%): Rate(%): ax Amount:	\$450.00 CAD 13 \$58.50 CAD				Rer	move
L, Line Item /	Actions	Add	•									
							Up	1 date	Save	Ex	it 👘	Next

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

			2
Create Invoice	Update	Exit	Next
	· · · · ·		

#### SUBMIT THE INVOICE

- 1. Scroll down to review all the invoice details, including the attachment (to make any changes click Previous).
- 2. Click Submit.

reate Invoice		Previous Submit 2 Exit
		e. The document's originating country is:Canada. The document's destination country is:Canada. ng service. Note that you will also be able to archive old invoices once you subscribe to the archiving service.
Invoice Number: Invoice Date:		Subtot <mark>i</mark> li. Total Tax: Amount Due:
REMIT TO:	BILL TO:	SUPPLIER:
University Health Network - TEST Postal Address: 200 Elizabeth St Toronto ON M5G 2C4 Canada Tax ID of Supplier:	Postal Address: 200 Elizabeth Street Toronto ON M5C 2G4 Canada Address ID: CHILD1	University Health Network - TEST Postal Address: 200 Elizabeth St Toronto ON MSG 2C4 Canada



3. A message displays indicating the Invoice has been submitted. You have the option to **Print** a copy of the invoice. Click **Exit**.



#### **APPENDIX A**

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