

SAP Business Network Invoicing for Nurse Agency Suppliers

DESCRIPTION

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

This document provides key information and examples for entering invoices on 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

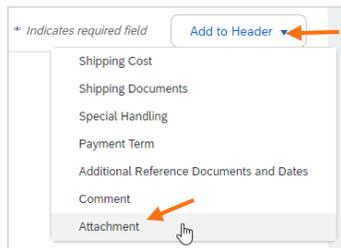
- Send invoices entered in the SAP Business Network to apexceptions@uhn.ca by populating the Email field. Accounts Payable directs your invoice to the appropriate individual for final review and invoice sign-off.



Customer: University Health Network
Toronto ON
Canada
Email: APexceptions@uhn.ca

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

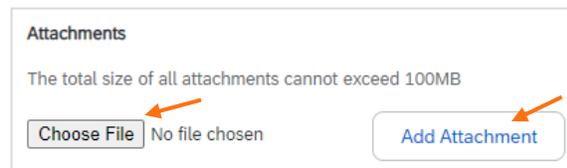
a. To attach an invoice, first add the **Attachment** section:



* Indicates required field Add to Header

- Shipping Cost
- Shipping Documents
- Special Handling
- Payment Term
- Additional Reference Documents and Dates
- Comment
- Attachment

b. In the **Attachment** section, click **Choose File**, then click **Add Attachment**.



Attachments
The total size of all attachments cannot exceed 100MB

Choose File No file chosen Add Attachment

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

No.	Include	Type	Part #	Description	Customer Part #	Quantity	Unit	Unit Price	Subtotal
10	<input checked="" type="checkbox"/>	SERVICE	PSW	see attached invoice for individual names, d.		50	HR	\$ CAD	\$ CAD

- Only create **multiple invoice lines** if the individual(s) are billed at different rates, or there are different nursing positions included.
- Ship To Address
 - In the **Shipping** section, update the **Ship To** address to reflect the location where the work took place.
 - You must type in the **exact address** as it appears in the table below in order to prevent any system errors and to avoid any delays in processing the invoice.
 - Refer to Appendix A at the end of this document 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.

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](#)

VIEW/EDIT ADDRESSES * Indicates required field

Ship From

Name:

Department Name:

Address 1:

Address 2:

Address 3:

City:

Province:

Postal Code:

Country/Region:

This selection will refresh the page content

Ship To

Name:

Department Name:

Address 1:

Address 2:

Address 3:

City:

Province:

Postal Code:

Country/Region:

This selection will refresh the page content

Deliver To:

UHN Ship To addresses:

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

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... [Redacted]

Payment Terms: [Redacted]
 Ship From: Canada
 Ship To (Plant): Toronto Western Hospital
 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... [Redacted]

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 A

Toronto General Hospital	200 Elizabeth Street	Toronto	Ontario	Canada	M5G 2C4
Princess Margaret Hospital	610 University Avenue	Toronto	Ontario	Canada	M5G 2M9
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Toronto Rehab Rumsey Center	347 Rumsey Road	Toronto	Ontario	Canada	M4G 1R7