

Submit Check Requests and Emergency/Other Payments

This Quick Reference Guide (QRG) is designed to walk a UVA Health team member through the steps to submit an escalated payment request to the Accounts Payable team. By the end of this QRG, users will be able to successfully submit an invoice for review and action by an internal approver, and the AP team.

Common examples of AP Check Requests include:

- Patient Reimbursement/Assistance
- Employee Assistance
- Non-UVA Employee Reimbursement (UPG & SOM staff only)
- Community Medicine Payments
- Fortify Payments



The existing process for standard PO invoices and the ePro Demand Payment remain the same. If you have a question about this process or the appropriate way to complete the procedure? Please email the team: healthsystem_ap@virginia.edu.

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Procedure: Submit an Invoice to Accounts Payable

1. In your web browser, access the AP Invoice Request Form:
 - a) <https://us.services.docusign.net/webforms-ux/v1.0/forms/d1364a03a5cd31df4c6e472aa4a0e23b>
2. Click “Start” to begin the form.

On the **Payment Type** screen:

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3. Select the appropriate Payment Type from the dropdown menu and click “Next” to proceed through the form.

0% completed

Payment Type

Payment Type *

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Payment Types

- *Option 1, Check Request:* A request to pay an invoice that does not have a corresponding PO within eProcurement in PeopleSoft.
- *Option 2, Emergency Payment:* A request to pay an invoice on an emergency basis, as required to protect life and/or property, prevent substantial economic loss, or prevent interruption of service.
- *Option 3, Other Payment:* A payment that does not meet either of the criteria above.



These requests and the corresponding documents are audited in Accounts Payable for propriety, accuracy and authority prior to processing. Inappropriate / incorrect documentation will be returned to the requestor with explanation of return.

Procedure Option 1: Submit a Check Request

1. On the ensuing **Invoice Details** screen, type in the Total Requested Amount of the payment down to the penny. *Example: \$99.00.* Then, click “Next” to proceed through the form.

Invoice Details

Total Requested Amount *

in USD to the penny

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Next

2. On the **Vendor Details** screen, populate the following required fields (as noted with *):
 - a) Vendor/Payee Name
 - b) Vendor/Payee Address

The following fields are optional, and should be populated if you have the relevant information:

- c) Vendor Id
- d) Vendor Phone Number
- e) Vendor Fax Number
- f) Vendor Tax ID Number (numbers only)

Vendor Details

Vendor ID

Vendor/Payee Name *

Vendor/Payee Address *

Vendor Phone Number

Vendor Fax Number

Vendor Tax ID Number

(Numbers only, omit spaces, dashes, etc.)

Back

Next

Then, click “Next” to proceed through the form.

3. On the **Payment Details** screen, populate the following required fields (as noted with *):
 - a) Business Unit (select from the dropdown)
 - i. Medical Center AP (MCAP)
 - ii. Community Health (CMHTH)
 - iii. Fortify Children’s Health (FCH)
 - b) Department Name
 - c) Payment Due Date (formatted as MM/DD/YYYY)
 - d) Department Code (4 digit number)
 - e) Account Code (4 digit number)

The following field is optional, and should be populated if you have the relevant information:

- f) Product Code

Payment Details

Business Unit *
Medical Center AP (MCAP) ▼

Department Name *
Test Dept

Payment Due Date *
Please format as mm/dd/yyyy
05/27/2024 [📅]

Department Code *
4 digit number
1234

Account Code *
4 digit number
1234

Product Code
[]


Then, click “Next” to proceed through the form.

- 4. On the **Request Details** screen, populate the “Nature of the Expense” field to describe what was purchased. Examples include: *Academic Testing Services; Conference Registration fees, etc.*

Request Details

Nature of the Expense

Conference Registration

| | |
|--|--|
|  <p>NOTE</p> | A complete listing of allowable commodities and the corresponding maximum dollar amount of the transaction is included in Appendix A: Check Request Criteria. |
|--|--|

Then, click “Next” to proceed through the form.

- 5. On the **Routing Information** screen, populate the following required fields (as noted with *):
 - a) Invoice Request Submitter name
 - b) Invoice Request Submitter email
 - c) Invoice Request Approver name
 - d) Invoice Request Approver name

Routing Information

Invoice Request Submitter name *

Invoice Request Submitter email *

Please enter computingid@virginia.edu.

Invoice Request Approver name *

Invoice Request Approver email *

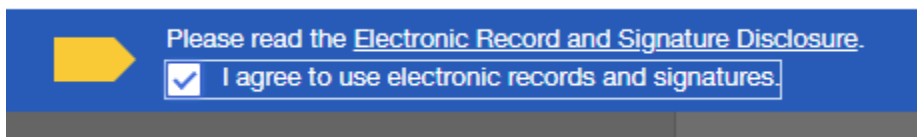
Please enter computingid@virginia.edu.



The Invoice Request Approver will receive a copy of this document in their inbox as a DocuSign request once this process is complete.

Then, click “Next” to proceed through the form.

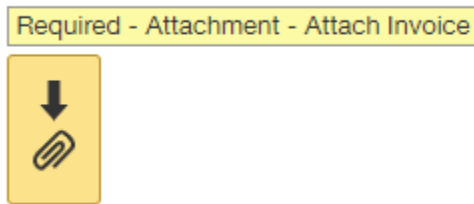
6. On the **Summary** screen, verify that all information is accurate. Then, click “Next” to proceed through the form. The DocuSign form will then be created, and you will be presented with a new screen.
7. On the **Please Review & Act on These Documents** screen, select the checkbox next to “I agree to use electronic records and signatures”. Then, click on “Continue” to open the DocuSign document.



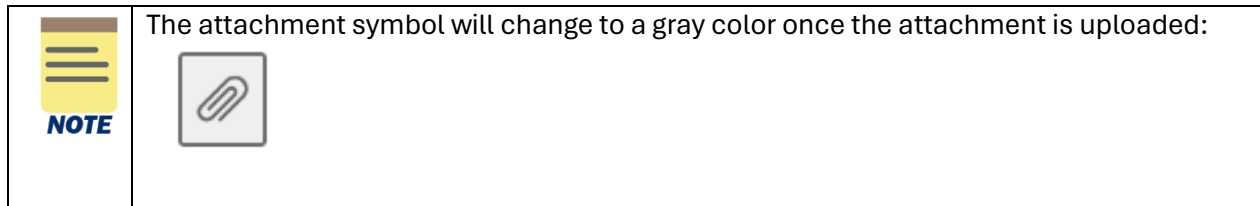
8. Within the document, click on the “Continue” button the top left of the page. This will direct you to the appropriate fields that need to be populated.



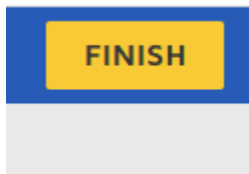
9. Click on the yellow attachment symbol (a paperclip) in the middle of the first page of the document. This will allow you to upload an attachment, including the relevant invoice for this Check Request.



10. On your computer, navigate to the appropriate file and add it as an attachment to the form.



11. After verifying that you attached the appropriate document, click “Finish” in the top right corner of the webpage. The document will now be routed via email to the Invoice Request Approver selected in step 8 to complete the process in DocuSign.



Procedure Option 2: Submit an Emergency Payment

1. On the ensuing **Invoice Details** screen, populate the following required fields (as noted with *):
 - a) Vendor Invoice Number
 - b) Invoice Total (in USD to the penny)
 - c) Total Approved Amount Per PO

d) PO Number

Invoice Details

Vendor Invoice Number *

PO Number *

A valid PO number is mandatory.

Invoice Total *

in USD to the penny

Total Approved Amount Per PO *

in USD to the penny

2. On the **Vendor Details** screen, populate the following required fields (as noted with *):
- a) Vendor/Payee Name
 - b) Vendor/Payee Address

The following fields are optional, and should be populated if you have the relevant information:

- c) Vendor Id
- d) Vendor Phone Number
- e) Vendor Fax Number
- f) Vendor Tax ID Number (numbers only)

Vendor Details

Vendor ID

Vendor/Payee Name *

Vendor/Payee Address *

Vendor Phone Number

Vendor Fax Number

Vendor Tax ID Number

(Numbers only, omit spaces, dashes, etc.)

Back

Next

Then, click “Next” to proceed through the form.

3. On the **Payment Details** screen, populate the following required fields (as noted with *):
 - a. Business Unit (select from the dropdown)
 - i. Medical Center AP (MCAP)
 - ii. Community Health (CMHTH)
 - iii. Fortify Children’s Health (FCH)
 - b. Department Name
 - c. Payment Due Date (formatted as MM/DD/YYYY)
 - d. Department Code (4 digit number)
 - e. Account Code (4 digit number)

The following field is optional, and should be populated if you have the relevant information:

- f. Product Code

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Payment Details

Business Unit *
Medical Center AP (MCAP) ▼

Department Name *
Test Dept

Payment Due Date *
Please format as mm/dd/yyyy
05/27/2024 [i]

Department Code *
4 digit number
1234

Account Code *
4 digit number
1234

Product Code
[]

Then, click “Next” to proceed through the form.

4. On the **Request Details** screen, populate the following:
 - a. “Justification” field to support the request. Select from the dropdown:
 - i. Credit Hold
 - ii. Vendor Threats
 - iii. Vendor Requested Payment
 - b. “Nature of the Expense” field to describe what was purchased. Examples include: *Academic Testing Services; Conference Registration fees, etc.*
 - c. Additional fields include:
 - i. Order Date (formatted as MM/DD/YYYY)
 - ii. Delivery Date (formatted as MM/DD/YYYY)
 - iii. Number of Days Payment is Overdue
 - d. Then, click “Next” to proceed through the form.

Request Details

Justification

Nature of the Expense

Order Date

Please format as mm/dd/yyyy

Delivery Date

Please format as mm/dd/yyyy

Number of Days Payment is Overdue



All data fields on this page are optional. However, we ask you provide as much detail as possible to support the request.

5. On the **Routing Information** screen, populate the following required fields (as noted with *):
 - a. Invoice Request Submitter name
 - b. Invoice Request Submitter email
 - c. Invoice Request Approver name
 - d. Invoice Request Approver name

Routing Information

Invoice Request Submitter name *


Invoice Request Submitter email *

Please enter computingid@virginia.edu.

Invoice Request Approver name *

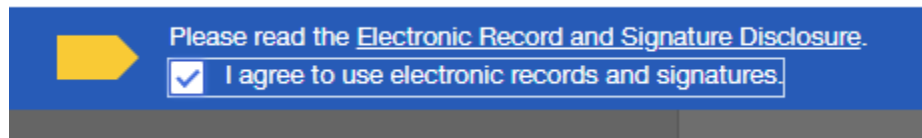
Invoice Request Approver email *

Please enter computingid@virginia.edu.

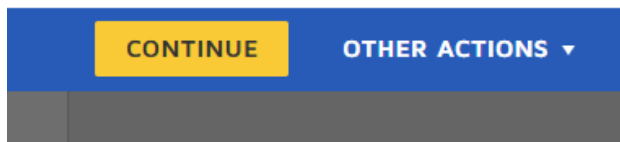
| | |
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|  <p>NOTE</p> | The Invoice Request Approver will receive a copy of this document in their inbox as a DocuSign request once this process is complete. |
|--|---|

Then, click “Next” to proceed through the form.

6. On the **Summary** screen, verify that all information is accurate. Then, click “Next” to proceed through the form. The DocuSign form will then be created, and you will be presented with a new screen.
7. On the **Please Review & Act on These Documents** screen, select the checkbox next to “I agree to use electronic records and signatures”. Then, click on “Continue” to open the DocuSign document.

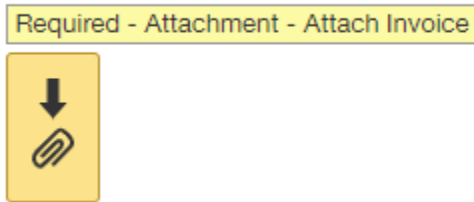


8. Within the document, click on the “Start” button the top left of the page. This will direct you to the appropriate fields that need to be populated.

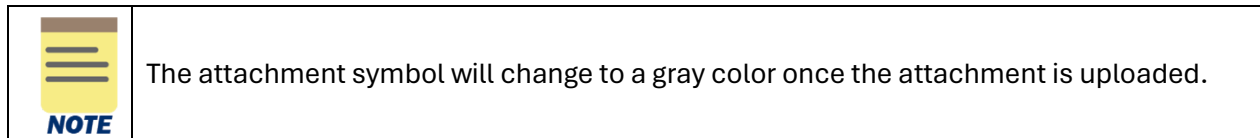


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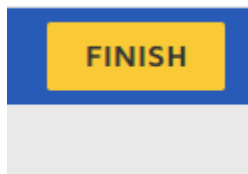
- Click on the yellow attachment symbol (a paperclip) in the middle of the first page of the document. This will allow you to upload an attachment, including the relevant invoice for this Check Request.



- On your computer, navigate to the appropriate file and add it as an attachment to the form.



- After verifying that you attached the appropriate document, click “Finish” in the top right corner of the webpage. The document will now be routed via email to the Invoice Request Approver selected in step 8 to complete the process in DocuSign.



Procedure Option 3: Other Payments

- On the ensuing **Invoice Details** screen, populate the following required fields (as noted with *):
 - Vendor Invoice Number
 - Invoice Total (in USD to the penny)
 - Total Approved Amount Per PO
 - PO Number

Invoice Details

Vendor Invoice Number *

PO Number *

A valid PO number is mandatory.

Invoice Total *

in USD to the penny

Total Approved Amount Per PO *

in USD to the penny

2. On the **Vendor Details** screen, populate the following required fields (as noted with *):
- a) Vendor/Payee Name
 - b) Vendor/Payee Address

The following fields are optional, and should be populated if you have the relevant information:

- c) Vendor Id
- d) Vendor Phone Number
- e) Vendor Fax Number
- f) Vendor Tax ID Number (numbers only)

Vendor Details

Vendor ID

Vendor/Payee Name *

Vendor/Payee Address *

Vendor Phone Number

Vendor Fax Number

Vendor Tax ID Number

(Numbers only, omit spaces, dashes, etc.)

Then, click “Next” to proceed through the form.

3. On the **Payment Details** screen, populate the following required fields (as noted with *):
 - a. Business Unit (select from the dropdown)
 - i. Medical Center AP (MCAP)
 - ii. Community Health (CMHTH)
 - iii. Fortify Children’s Health (FCH)
 - b. Department Name
 - c. Payment Due Date (formatted as MM/DD/YYYY)
 - d. Department Code (4 digit number)
 - e. Account Code (4 digit number)

The following field is optional, and should be populated if you have the relevant information:

- f. Product Code

Payment Details

Business Unit *

Department Name *

Payment Due Date *

Please format as mm/dd/yyyy

Department Code *

4 digit number

Account Code *

4 digit number

Product Code

Then, click “Next” to proceed through the form.

4. On the **Request Details** screen, populate the following:
 - a. “Nature of the Expense” field to describe what was purchased. Examples include: *Academic Testing Services; Conference Registration fees, etc.*
 - b. Additional fields include:
 - i. Order Date (formatted as MM/DD/YYYY)
 - ii. Delivery Date (formatted as MM/DD/YYYY)
 - iii. Number of Days Payment is Overdue
 - c. Then, click “Next” to proceed through the form.

Request Details

Nature of the Expense

Conference registration

Order Date

Please format as mm/dd/yyyy

05/01/2024



Delivery Date

Please format as mm/dd/yyyy

mm/dd/yyyy



Number of Days Payment is Overdue



All data fields on this page are optional. However, we ask you provide as much detail as possible to support the request.

5. On the **Routing Information** screen, populate the following required fields (as noted with *):
 - a. Invoice Request Submitter name
 - b. Invoice Request Submitter email
 - c. Invoice Request Approver name
 - d. Invoice Request Approver name

Routing Information

Invoice Request Submitter name *

Invoice Submitter

Invoice Request Submitter email *

Please enter computingjd@virginia.edu.

inv123@uvahealth.org

Invoice Request Approver name *


Invoice Approver

Invoice Request Approver email *

Please enter computingjd@virginia.edu.

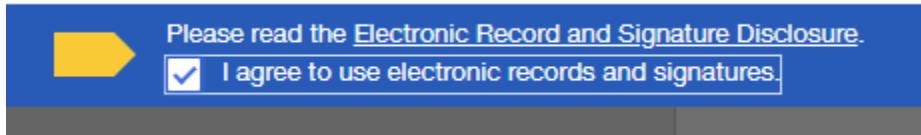
jum2fh@virginia.edu

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|--|--|
|  <p>NOTE</p> | <p>The Invoice Request Approver will receive a copy of this document in their inbox as a DocuSign request once this process is complete.</p> |
|--|--|

Then, click “Next” to proceed through the form.

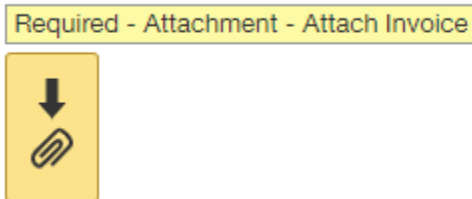
6. On the **Summary** screen, verify that all information is accurate. Then, click “Next” to proceed through the form. The DocuSign form will then be created, and you will be presented with a new screen.
7. On the **Please Review & Act on These Documents** screen, select the checkbox next to “I agree to use electronic records and signatures”. Then, click on “Continue” to open the DocuSign document.




8. Within the document, click on the “Start” button the top left of the page. This will direct you to the appropriate fields that need to be populated.



9. Click on the yellow attachment symbol (a paperclip) in the middle of the first page of the document. This will allow you to upload an attachment, including the relevant invoice for this Check Request.

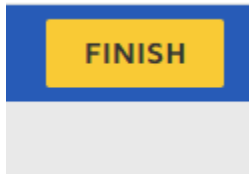


10. On your computer, navigate to the appropriate file and add it as an attachment to the form.

| | |
|--|---|
|  <p>NOTE</p> | <p>The attachment symbol will change to a gray color once the attachment is uploaded.</p> |
|--|---|

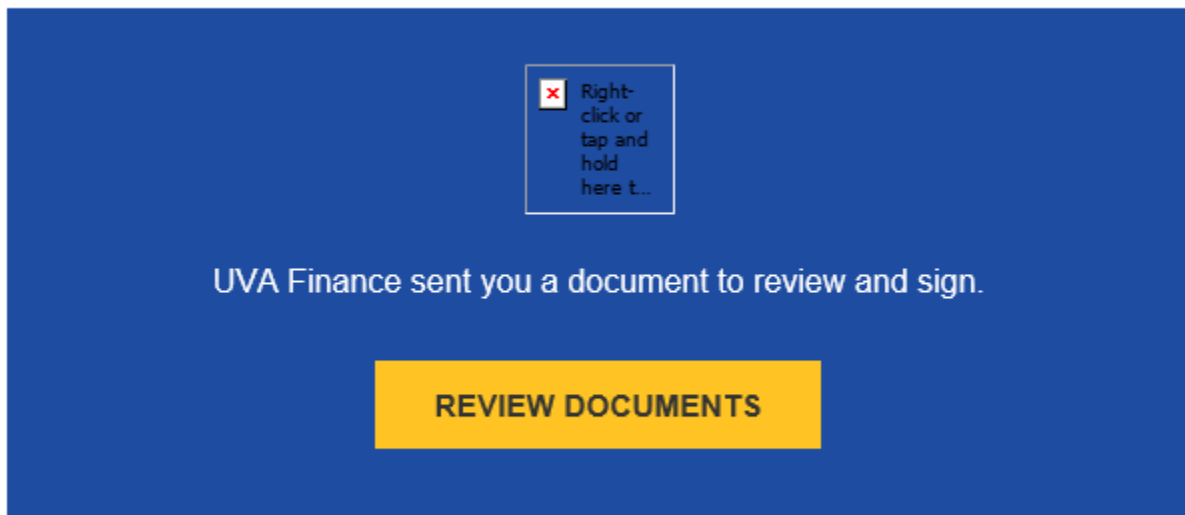
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11. After verifying that you attached the appropriate document, click “Finish” in the top right corner of the webpage. The document will now be routed via email to the Invoice Request Approver selected in step 8 to complete the process in DocuSign.



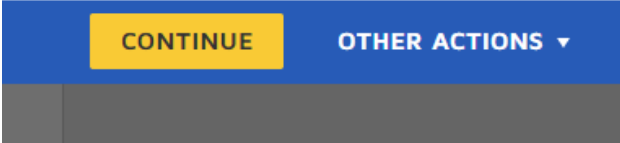
Procedure: Approving an Invoice Request

1. After following the steps above, the invoice request is routed via email to the Invoice Request Approver for action. Once received, an approver should click the “Review Documents” to open the document in their web browser.



UVA Finance
UVAFinance-ds@virginia.edu

2. Within the document, click on the “Continue” button the top left of the page. This will direct you to the appropriate fields that need to be populated.



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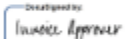
- Next, review all information within the request, including the supporting documentation (invoice copy). If all information is accurate, add your title to the “Approver Title” field, and apply your digital signature.

Approval

Approver Name: Invoice Approver

Approver Title: Invoice Approver

Approver Email: jum2fh@virginia.edu

Approver Signature: 

Approval Timestamp: 5/28/2024

- Once you have completed signoff, click the “Finish” button in the top right corner of the page. The invoice will now be submitted to Accounts Payable for processing.