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

NOTE	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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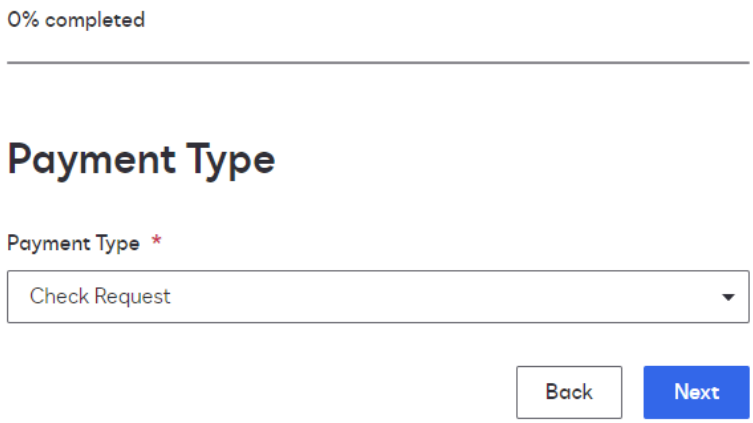
Procedure: Submit an Invoice to Accounts Payable

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:

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



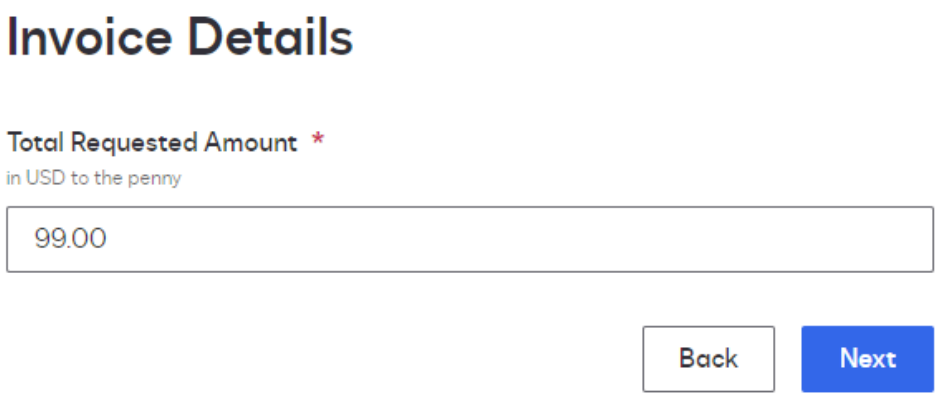
Payment Types

- *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.

NOTE	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.

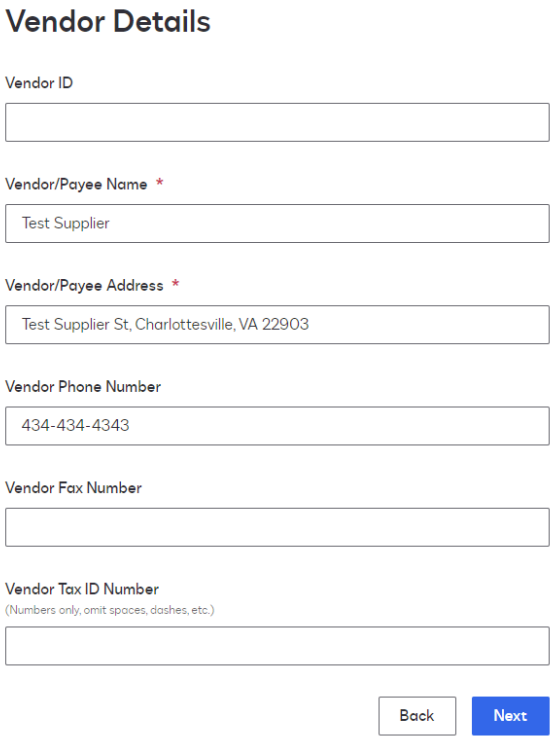
Procedure Option 1: Submit a Check Request

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.



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)

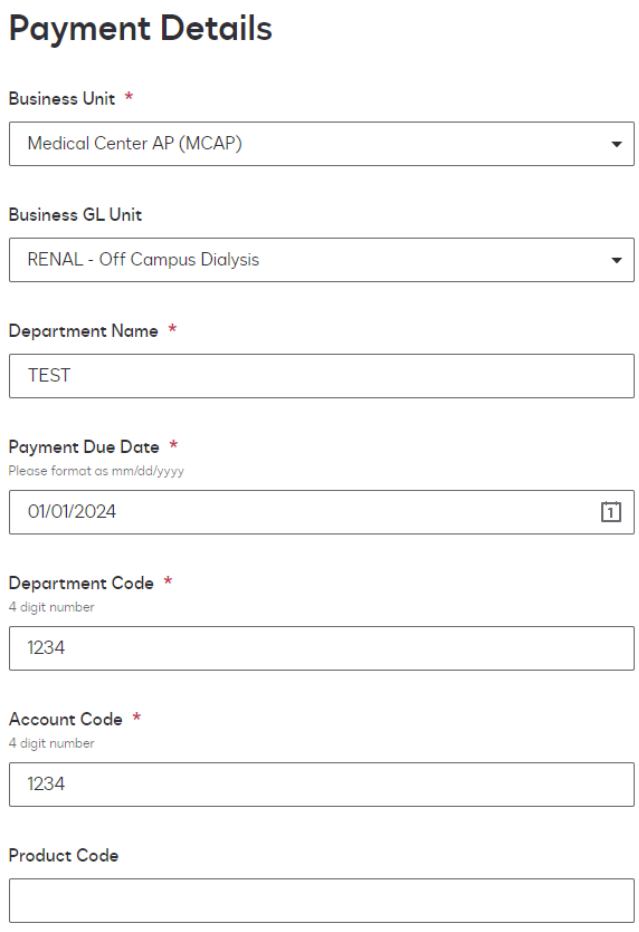


Then, click "Next" to proceed through the form.

3. On the **Payment Details** screen, populate the following required fields (as noted with *):

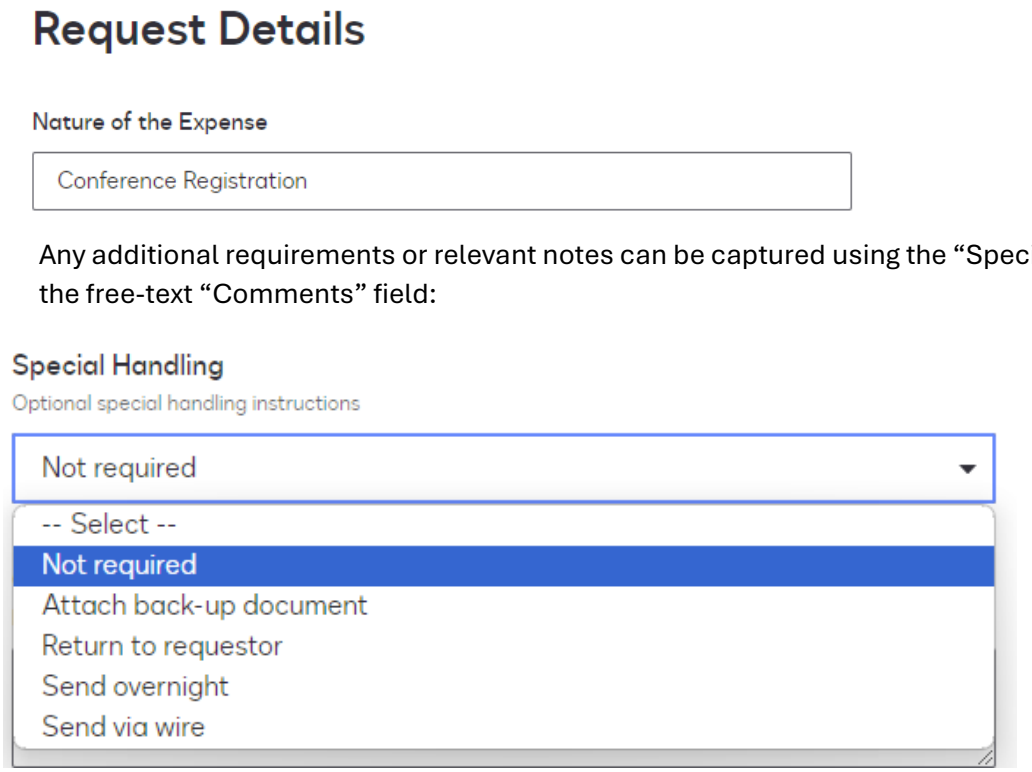
   a) Business Unit (select from the dropdown)
      i. Medical Center AP (MCAP)
      ii. Community Medicine (COMD)
      iii. Fortify Children's Health (FCH)
   b) Department Name
   c) Payment Due Date (formatted as MM/DD/YYYY)
   d) Department Code (4 digit number)
   e) Account Code (4 digit number)

   The following fields are optional, and should be populated if you have the relevant information:
   f) Business GL Unit
   g) Product Code



Then, click "Next" to proceed through the form.

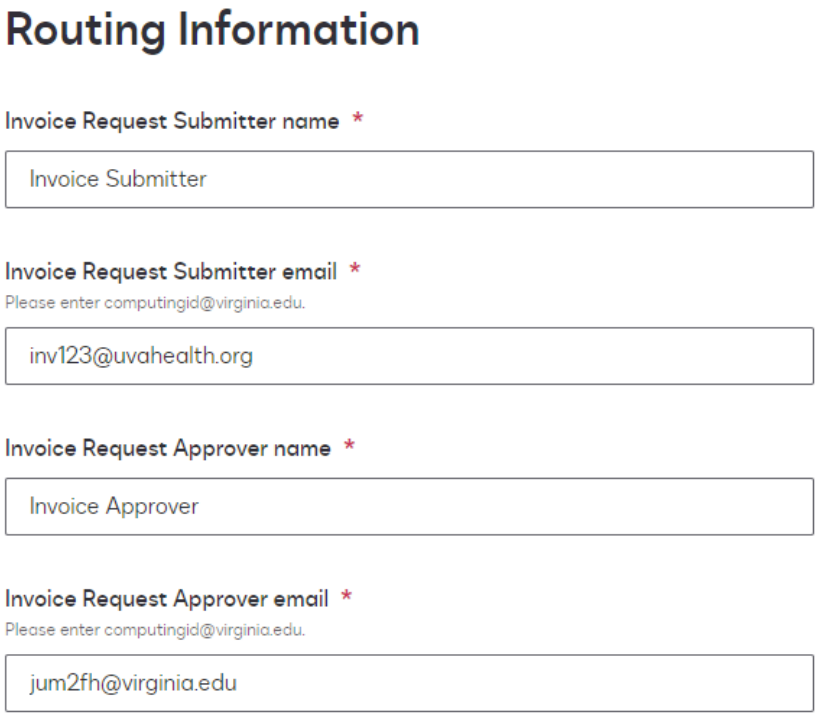
4. On the **Request Details** screen, populate the "Nature of the Expense" field to describe what was purchased. Examples include: *Academic Testing Services; Conference Registration fees, etc.*



Any additional requirements or relevant notes can be captured using the "Special Handling" field, or the free-text "Comments" field:

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

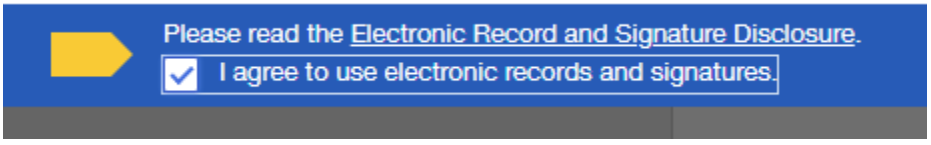


NOTE	The Invoice Request Approver will receive a copy of this document in their inbox as a DocuSign request once this process is complete.

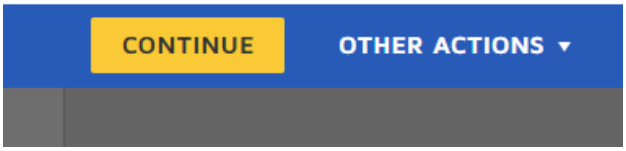
Then, click "Next" to proceed through the form.

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.

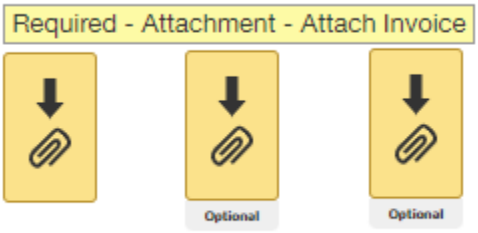


8. Within the document, click on the "Continue" button the top left of the page. This will direct you to the appropriate fields that need to be populated.



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.

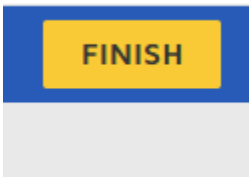
   You may upload up to 3 attachments by repeating this process for each paperclip on the page.



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

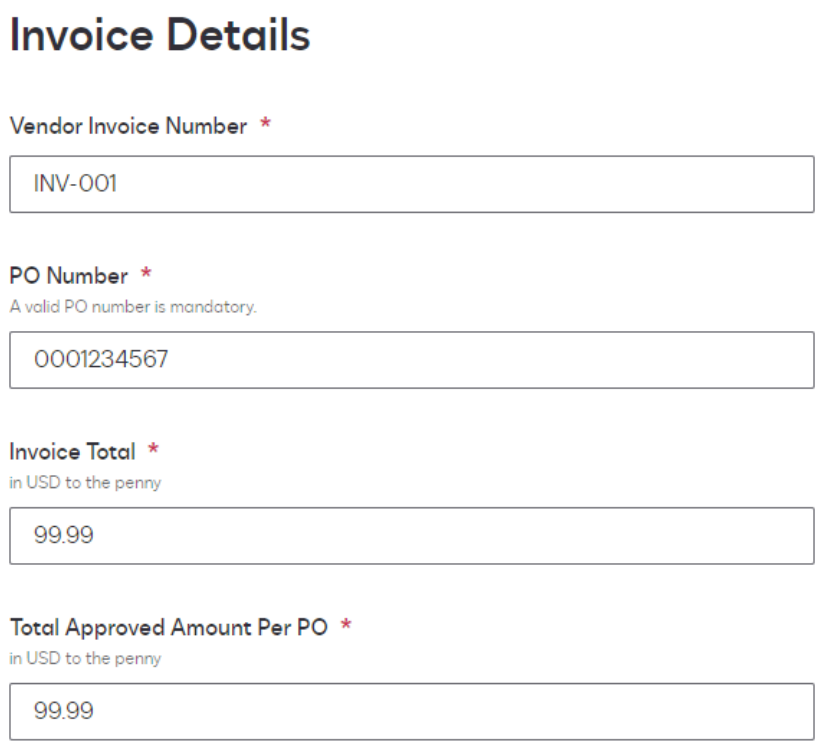
NOTE	The attachment symbol will change to a gray color once the attachment is uploaded:

11. After verifying that you attached the appropriate document(s), 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.



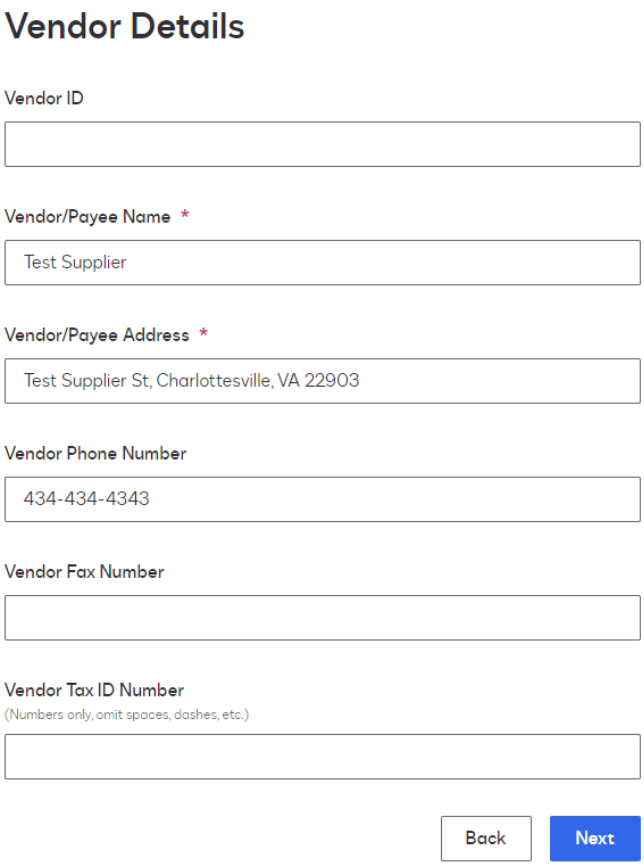
Procedure Option 2: Submit an Emergency Payment

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



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)

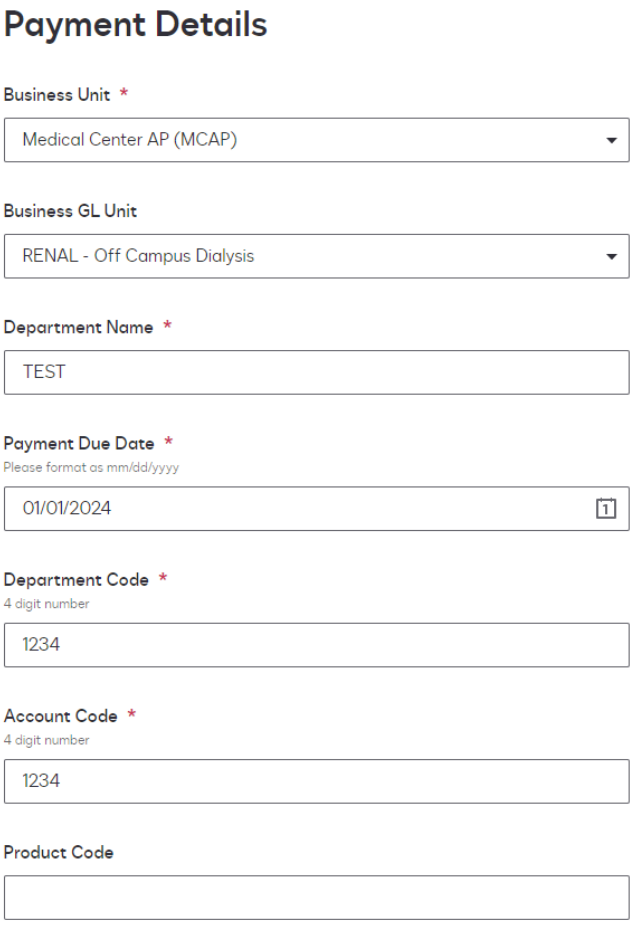


Then, click "Next" to proceed through the form.

3. On the **Payment Details** screen, populate the following required fields (as noted with *):

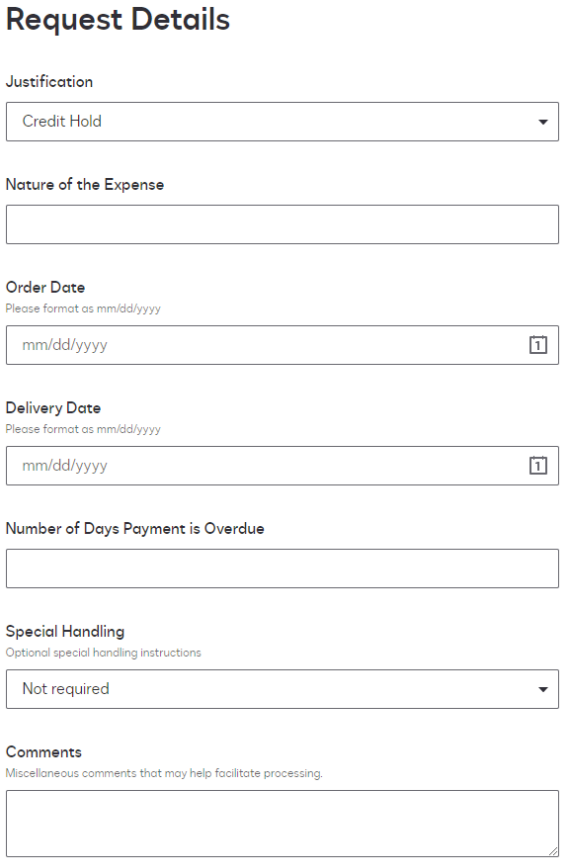
    a) Business Unit (select from the dropdown)
        i. Medical Center AP (MCAP)
        ii. Community Medicine (COMD)
        iii. Fortify Children's Health (FCH)
    b) Department Name
    c) Payment Due Date (formatted as MM/DD/YYYY)
    d) Department Code (4 digit number)
    e) Account Code (4 digit number)

    The following fields are optional, and should be populated if you have the relevant information:
    f) Business GL Unit
    g) Product Code



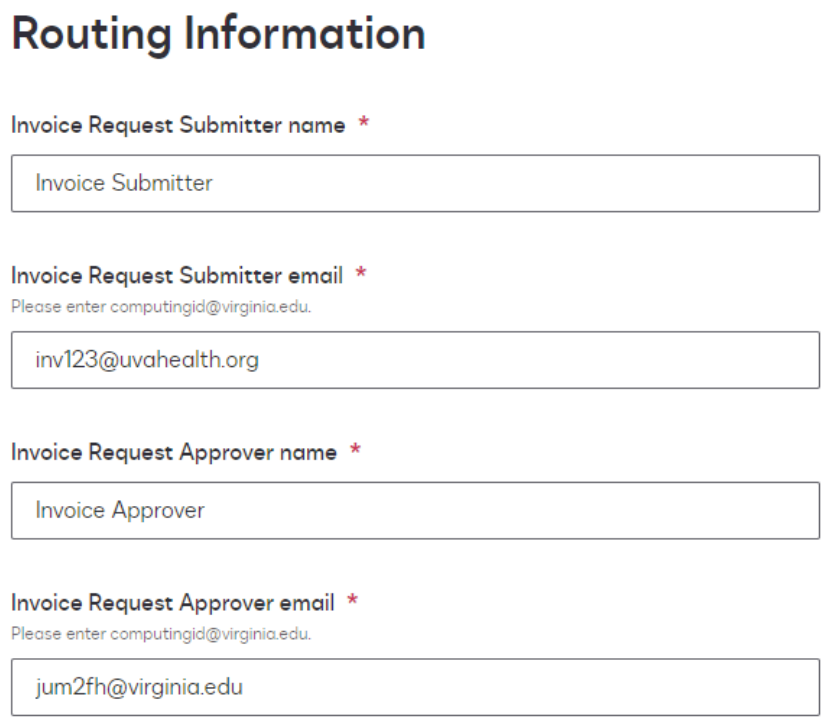
Then, click "Next" to proceed through the form.

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
        iv. Special Handling: to document any optional requirements
        v. Comments: a free-text field for any additional, relevant notes
    d. Then, click "Next" to proceed through the form.



NOTE	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

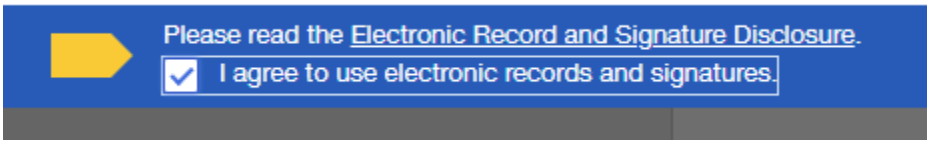


NOTE	The Invoice Request Approver will receive a copy of this document in their inbox as a DocuSign request once this process is complete.

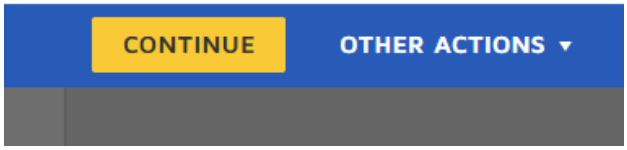
Then, click "Next" to proceed through the form.

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.



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.

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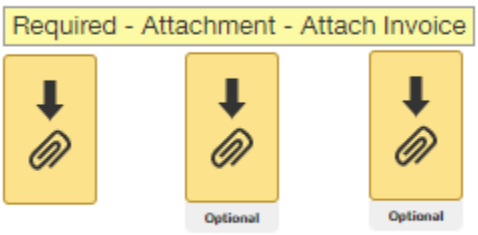
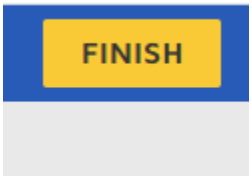


10. On your computer, navigate to the appropriate file(s) and add it as an attachment to the form.

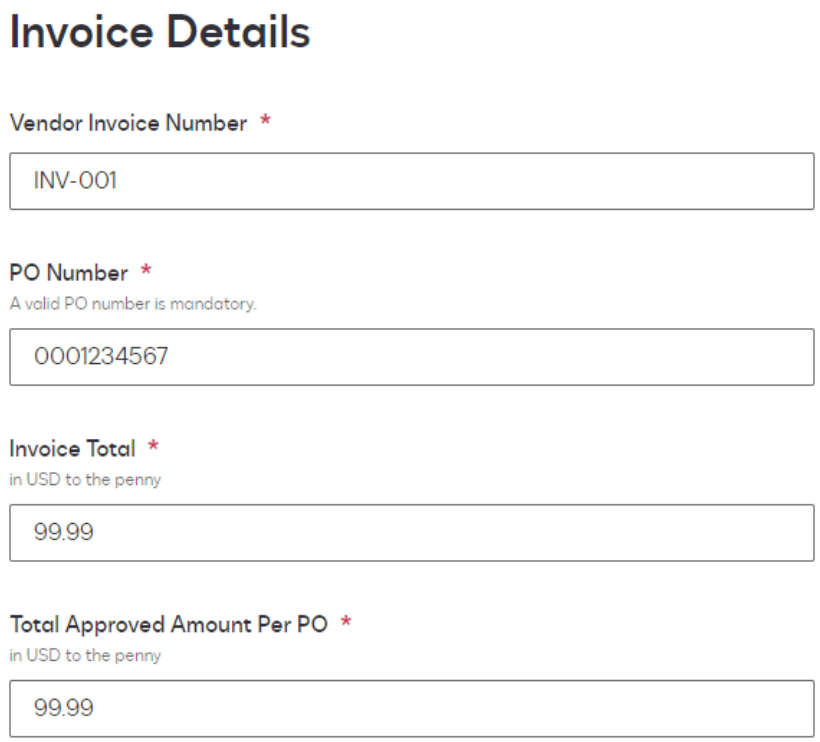
NOTE	The attachment symbol will change to a gray color once the attachment is uploaded.

11. After verifying that you attached the appropriate document(s), 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.



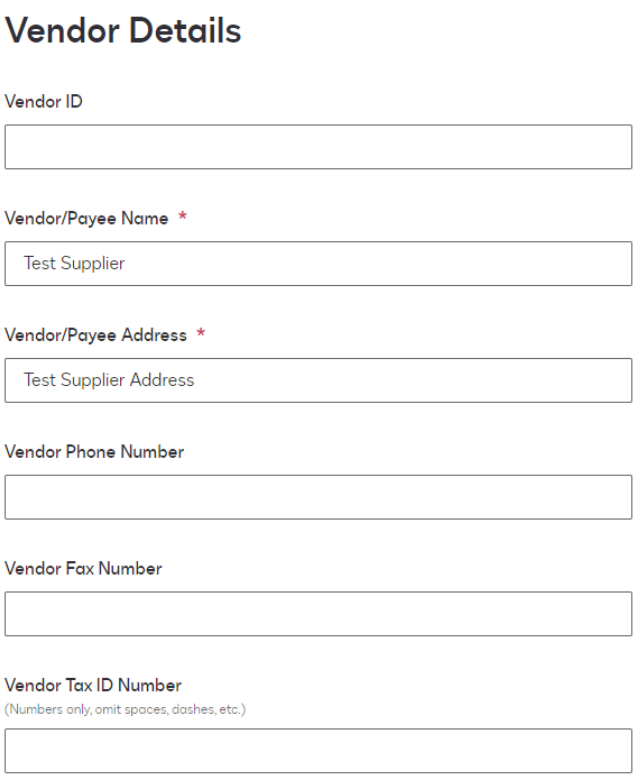
Procedure Option 3: Other Payments

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



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)

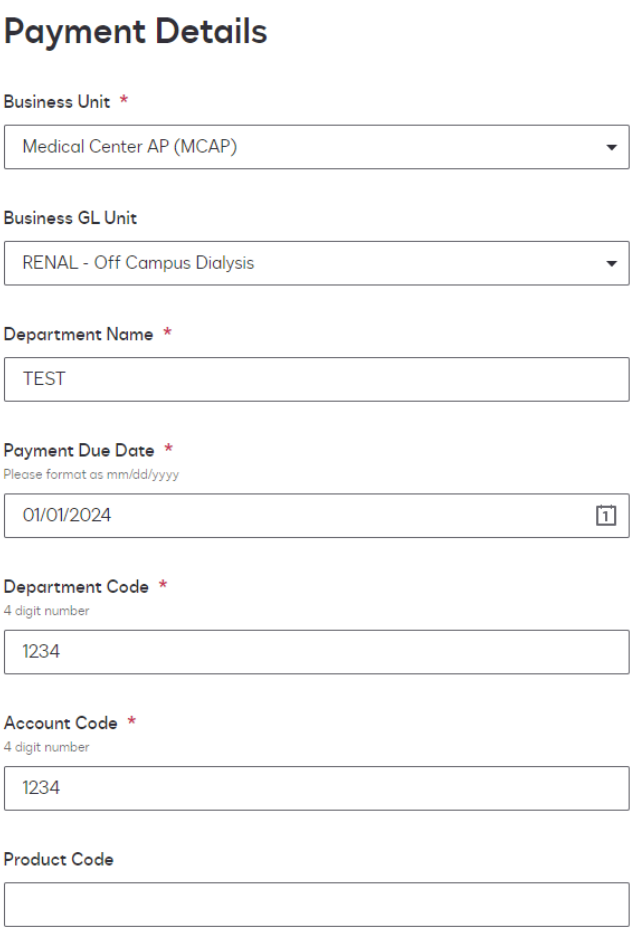


Then, click "Next" to proceed through the form.

3. On the **Payment Details** screen, populate the following required fields (as noted with *):

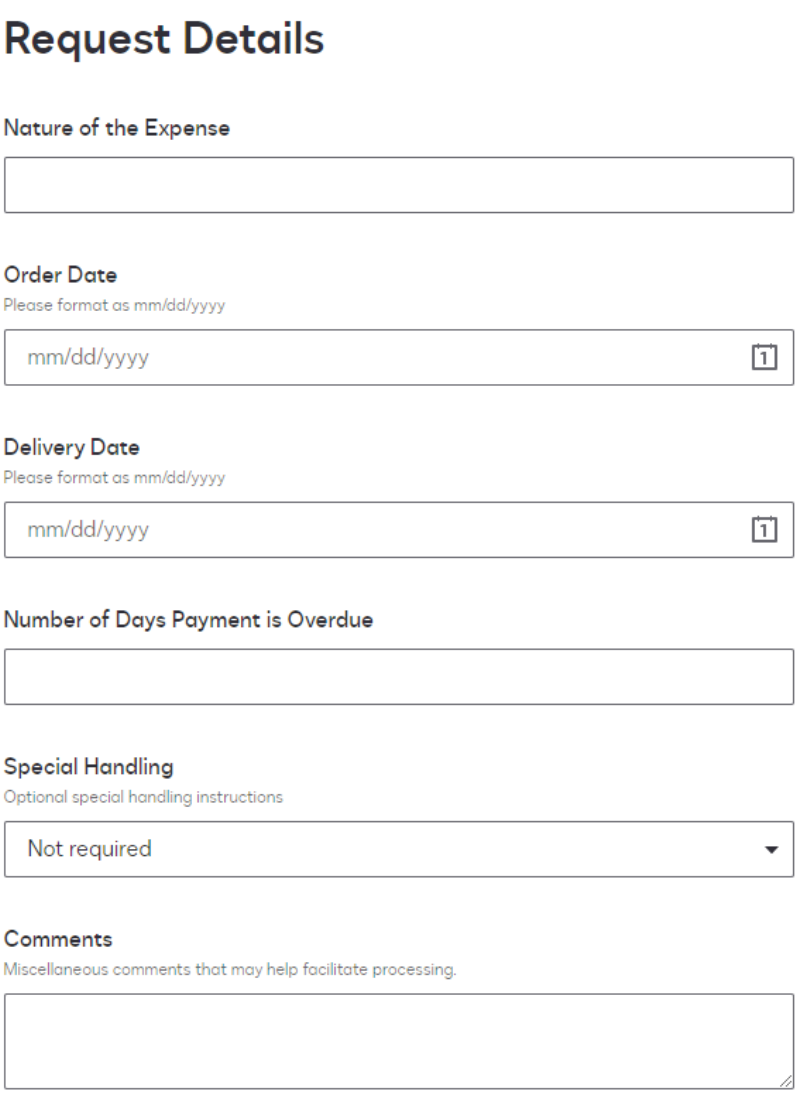
    a) Business Unit (select from the dropdown)
        i. Medical Center AP (MCAP)
        ii. Community Medicine (COMD)
        iii. Fortify Children's Health (FCH)
    b) Department Name
    c) Payment Due Date (formatted as MM/DD/YYYY)
    d) Department Code (4 digit number)
    e) Account Code (4 digit number)

    The following fields are optional, and should be populated if you have the relevant information:
    f) Business GL Unit
    g) Product Code



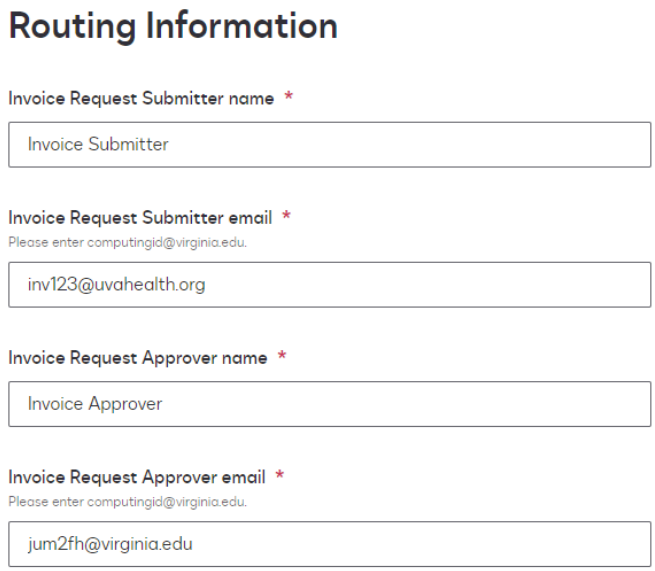
Then, click "Next" to proceed through the form.

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
        iv. Special Handling: to document any optional requirements
        v. Comments: a free-text field for any additional, relevant notes
    c. Then, click "Next" to proceed through the form.



NOTE	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



NOTE	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.

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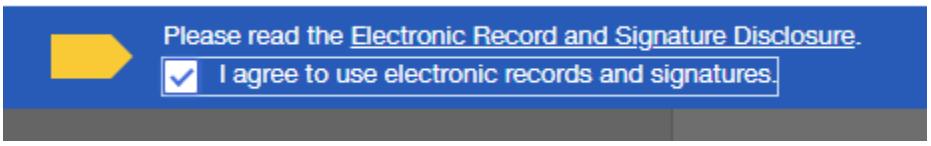
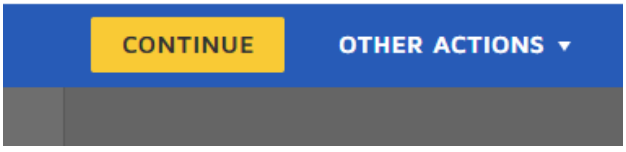


8. Within the document, click on the "Start" button the top left of the page. This will direct you to the appropriate fields that need to be populated.



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.

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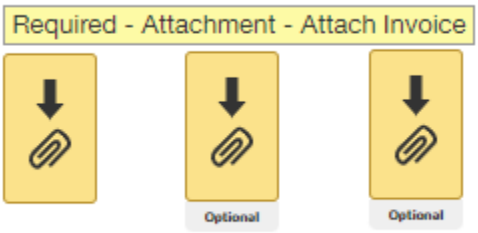
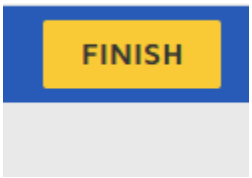


10. On your computer, navigate to the appropriate file(s) and add it as an attachment to the form.

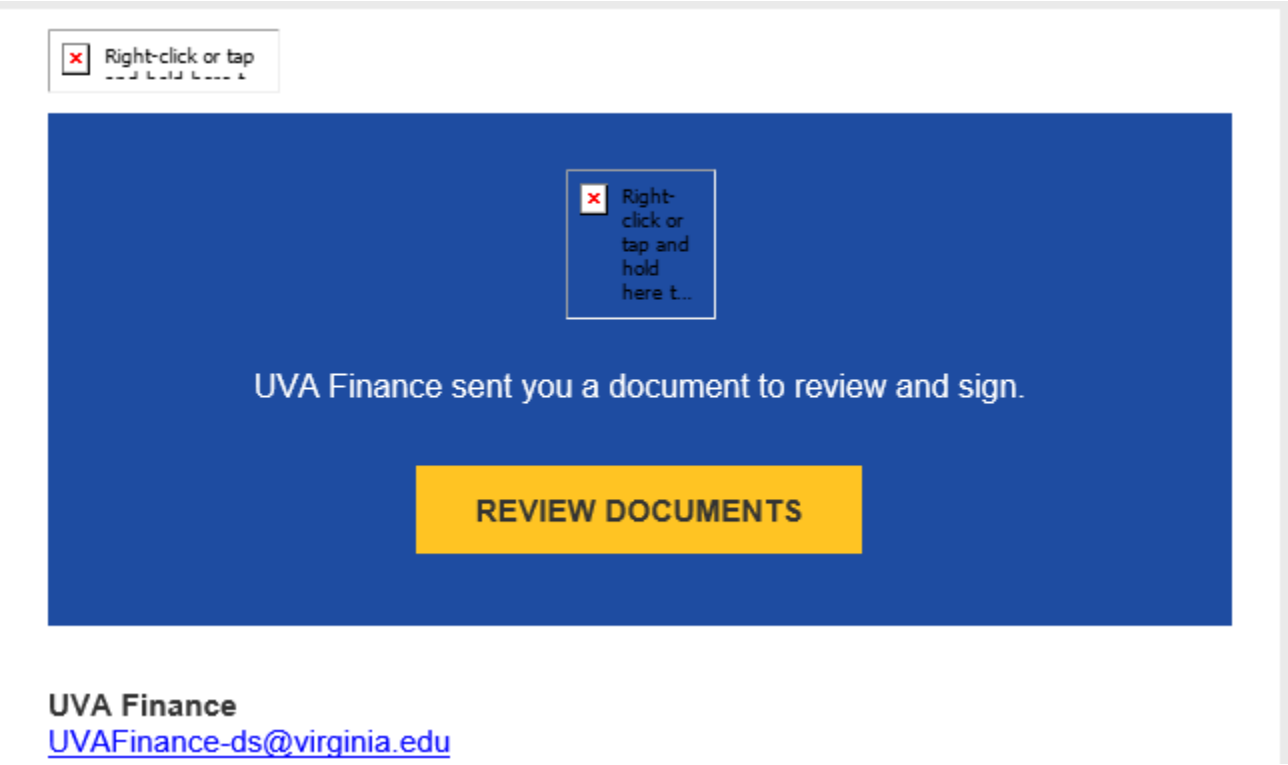
NOTE	The attachment symbol will change to a gray color once the attachment is uploaded.

11. After verifying that you attached the appropriate document(s), 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.

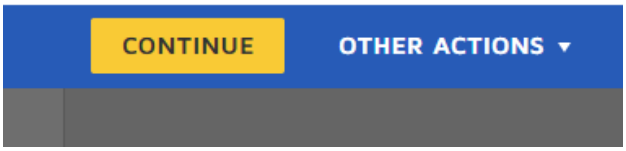


Procedure: Approving an Invoice Request

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.



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.



3. 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.

4. 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.