CITY OF CHICAGO DELEGATE AGENCY

iSupplier (eProcurement) Invoice Creation and Supplier Site Form Workshop

CITY·OF·CHICAGO
SUPPLIER

eProcurement Bid Opportunities

Invoicing and iSupplier Agenda

❖New Supplier Site Form
  ❖Coming Soon ~Anticipated Release July 15, 2022

❖Invoice Creation - Walk Through
  ❖View Orders and Releases
  ❖Invoice Creation/Vouchering
  ❖View Payments

Supplier Site Form

Purpose of New Form:

- Advancing the City's Equity Goals
- Improving and Leveraging Data
- Informed Funding Decisions and Distribution

Requirement:

1) Location of Headquarter and Service Site
2) Size of Organization
3) Amount of Service

Effective July 15, 2022

Required for All Delegate Agency Contracts

iSupplier Portal with Invoice Creation

➢ Select "**City of Chicago iSupplier Portal with Invoice Creation**."

➢ Expand option to select **Home Page**

Orders and Finance Tab

➢ **Orders:** View Contracts and Releases

➢ **Finance:** Create Invoices and View Payments

Orders Tab

- View Agreements
- Find Global and Standard PO-Release
- Export Information

Finance Tab

➢ **Create Invoices**

➢ **View Invoices**

➢ **View Payments**

CITY OF **CHICAGO**   iSupplier Portal

🏠 Navigator ▼   ⭐ Favorites ▼   Home Logout Preferences Help

| Home | Orders | Shipments | Admin | Finance |

Create Invoices | View Invoices | View Payments

Invoice Actions

Create Invoice [With a PO ▼] **Go**

Search

Note that the search is case insensitive

Supplier	**DEBORAH'S PLACE**	Release PO Number	
Invoice Number		Invoice Amount	
Invoice Date From		Invoice Date To	
	(example: 18-Jul-2019)	Currency	
Invoice Status	▼		

Go   **Clear**

Invoice Number	Invoice Date	Invoice Currency Code	Invoice Amount	Release PO Number	Status	Withdraw	Cancel	Update	View Attachments
No search conducted.									

Create Invoice Option

- Select "Finance"
- Under "Create Invoice" and "Invoice Actions"
- Navigate to the Right of the Screen
- Select "Create Invoice with a PO"
- Select "Go"

New Electronic Invoice and Tax Certification Language in iSupplier

The below screenshots outline the new certification requirements in iSupplier, which will replace the existing electronic forms that are required with each invoice.

New Electronic Invoice and Tax Certification Language in iSupplier

The below screenshots outline the new certification requirements in iSupplier, which will replace the existing electronic forms that are required with each invoice.

Search for Active Release PO Budget Lines

➢ Enter "Release PO Number" in the Search Box
➢ Select "Go"
➢ Select "Next"

Adding Budget Lines to an Invoice

➢ Select the appropriate budget Line (0005-Salaries, 0044-Fringes, etc.)
  ➢ Must match documentation
➢ View Ordered Amount and Invoiced Amount to Determine Available Balance
➢ Click "Next"

| Home | Orders | Shipments | Admin | Finance |

Create Invoices | View Invoices | View Payments

| ○ | ○ | ○ | ○ |
| Purchase Orders | Details | Manage Tax | Review and Submit |

Create Invoice: Purchase Orders

Cancel | Step 1 of 4 | Next

Search

Note that the search is case insensitive

Advanced Search

Release PO Number: `97430` ⓘ

Release PO Date: [   ] 🗓
(example: 18-Jul-2019)

Go | Clear

Select Items: Add to Invoice

Select All | Select None

Select	PO Number ▾	Line	Shipment	Advances or Financing	Item Description	Item Number	Supplier Item Number	Ordered	Received	Invoiced	UOM	Unit Price	Curr	Ship To	Organization	Packing Slip	Waybill
☐	97430	1	1	☐	0005-PERS			62012	0	20670.72	USD	1	USD	050-2515 HOMELESS SERVICES	CITY OF CHICAGO - GRE		
☐	97430	2	1	☐	0044-Fringe Benefits			11252	0	3787.17	USD	1	USD	050-2515 HOMELESS SERVICES	CITY OF CHICAGO - GRE		
☐	97430	3	1	☐	0801-Indirect			7326	0	2446.34	USD	1	USD	050-2515 HOMELESS SERVICES	CITY OF CHICAGO - GRE		

Cancel | Step 1 of 4 | Next

Supplier Site Form

Warning Message and Acknowledgement

Supplier Site Form - Instructions

Supplier Site Form – Headquarter Details

Your organizations headquarter address and Size

Personalize "Your organizations headquarter address and Size"

* PO Number

User Name TSANDERS@PHALANXGRPSERVICES.ORG

UEI

FEIN 36-

Supplier Name PHALANX FAMILY SERVICES

Supplier Size Less than $1M budget ∨

Supplier Headquarter Address options Add a New

Add new Headquarter address

Address Line 1	Address Line 2	City	State	Zip Code

Address and Details on all your Organization Sites and/or any Subcontractor who are supplying the services

Personalize "Address and Details on all your Organization Sites and/or any Subcontractor who are supplying the services"

Delete	HQ Location	SubContractor	Name of Subcontractor	EIN	Address Line1	Address Line2
🗑	∨	∨				

Add Another Row

Cancel   Submit

Supplier Site Form – Site Details

Address and Details on all your Organization Sites and/or any Subcontractor who are supplying the services

Personalize "Address and Details on all your Organization Sites and/or any Subcontractor who are supplying the services"

Delete	HQ Location	SubContractor	Name of Subcontractor	EIN	Address Line1	Address Line2
🗑	No ▾	Yes ▾	ABC Delegate	36-1122125	123 W	Main St

Add Another Row

Address Line2	City	State	Zip Code	Subconstractor Size	Service Amount(in dollars)
Main St	Chicago	IL	60644	Less than $1M budget ▾	50000

Supplier Site Form – Complete and Submit Form

Your organizations headquarter address and Size

Personalize "Your organizations headquarter address and Size"

* PO Number
User Name   TSANDERS@PHALANXGRPSERVICES.ORG
UEI   111111111111
FEIN   36-

Supplier Name   PHALANX FAMILY SERVICES
Supplier Size   Less than $1M budget
Supplier Headquarter Address options

Address and Details on all your Organization Sites and/or any Subcontractor who are supplying the services

Personalize "Address and Details on all your Organization Sites and/or any Subcontractor who are supplying the services"

Delete	HQ Location	SubContractor	Name of Subcontractor	EIN	Address Line1	Address Line2
🗑	No ∨	Yes ∨	ABC Delegate	36-1122125	123 W	Main St

Add Another Row

Cancel   Submit

System will Redirect User to Complete Certification

CITY OF **CHICAGO**   iSupplier Portal

🏠 Navigator ▼   ⭐ Favorites ▼   Home Logout Help Preferences

Home | Orders | Shipments | Admin | **Finance**
Create Invoices | View Invoices | View Payments

Invoice Actions

Create Invoice | With a PO ▼ | Go

✅**TIP** In order to continue, please review and complete the certification below and acknowledge the certification by entering your name, title, and clicking the acknowledgement checkbox.

Search

Note that the search is case insensitive

Supplier	**RINCON FAMILY SERVICES**	Release PO Number	
Invoice Number		Invoice Amount	
Invoice Date From		Invoice Date To	
	(example: 14-Jul-2021)	Currency	
Invoice Status	▼		

Go   Clear

Invoice Number	Invoice Date	Invoice Currency Code	Invoice Amount	Release PO Number	Status	Withdraw	Cancel	Update	View Attachments
No search conducted.									

I certify that by accessing the City of Chicagos iSupplier system using my assigned responsibilities from an authorized member of the organization, that I am authorized by the organization to submit requests for reimbursement and reports to the City of Chicago. It is expected that all users with access into the iSupplier system maintain unique, individual, and secure passwords to access the iSupplier system. The City is not responsible for any unauthorized access into the system or submission of any requests for reimbursement or reports as a result of the Organization granting access to users.

* Name Latoya Vaughn Test   * Title Deputy Budget Director Test   ☑ * Acknowledge

Create Invoice | With a PO ▼ | Go

Enter Invoice Details

Create Invoice - (2) Required Attachments

Add Required Supporting Documentation

1. ***Invoice Forms***: include Invoice Summary, Invoice Salary Expenditure Only, and Invoice Non-Personnel Expenditure Form (***Excel version only***).

      a. Enter "Invoice" in the Title section

      b. Attach Invoice copies

2. ***Supporting Documentation "Support"***: e.g., Payroll Register Form, Invoice copy for non-personnel cost, etc.

      a. Enter "Support" in the Title section

      b. Attach supporting documentation copies

*Only upload **two** attachments for each invoice. *__NOTE:__ Supporting Documentation should be in order of the billed expense.

Create Invoice - Required Information

Remit To: Verify that the remit-to address and bank account detail for your institution is correct. It can be changed by selecting a different "remit to" site.

Invoice Number: This field is identified as a unique number assigned for tracking and billing purposes and applied in the system to avoid duplication of invoices.
     a. **Conventional invoice** number consists of four elements: PO number-Release number-Expenditures covered year (2 digits)-Sequential number (2 digits), e.g., 33328-1-19-01.
     b. **eProcurement invoice** number omits the PO number and consists of three elements: Release Number-Expenditures covered year-Sequential number, e.g., 45672-19-01.

Invoice Description: Enter the period covered. For example: **08/01/2019 – 08/31/2019**.
*The Invoice description identifies the period covered for when services performed and/or cost incurred for your submitted invoice.

Date Goods/Services Received: This will be the end date of the expenditure covered period in the format DD-MMM-YYYY. We recommend choosing the day from the calendar selector. Example:

Date Good/Services Received | 31-Aug-2017 |

  Department Number: You can select the magnifying glass to see a list of department numbers, but common departments are: 21 Department of Housing; 41 Department of Health; 48 Mayor's Office for People with Disabilities; 50 Family and Support Services; 54 Planning and Development; 57 Chicago Police Department; 70 Business Affairs and Consumer Protection.

Create Invoice Details (Cont.)

➢**Review and Submit Invoice**

New Electronic Invoice and Tax Certification Language in iSupplier

The below screenshots outline the new certification requirements in iSupplier, which will replace the existing electronic forms that are required with each invoice.

Summary Tax Lines

Tax Regime Code	Tax	Tax Status Code	Tax Jurisdiction Code	Tax Rate Code	Tax Rate	Tax Amount
No results found.						

Invoice Summary

Items	500.00
Less Retainage	0.00
Freight	0.00
Miscellaneous	0.00
Tax	0.00
Total (USD)	500.00

By completing and submitting this request "Report", I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

The undersigned certifies that:
(1) He or She is an authorized signatory for the applicant;
(2) The signatory has read the guidelines of the city of Chicago incorporated herein by reference.
(3) This reimbursement claim represents payment due for services performed and cost incurred and paid directly by the applicant during the period covered by this requisition;
(4) The signatory has not previously requested or received reimbursement for the expenditures included in this requisition;
(5) The original documentation supporting the expenditures included in this requisition is on file and available for audit or review upon request;
(6) To the best of the signatory's knowledge and belief that the expenditure is true, accurate, and is for the purpose and objective set forth in the terms and conditions of the award;
(7) This payment is permitted by law, the appropriation amounts were available at the time and are used for intended purposes, the goods and/or services have been received and conform to the requirements of the order of agreement, the required administrative approvals have been obtained, and the quantities, prices, and calculations are accurate;
(8) The signatory is aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may be subject to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812); and
(9) This applicant releases the City of Chicago, its employees and agents, with respect to damages to property or material submitted in connection herewith.

* Name	Latoya Vaughn	* Title	Deputy Budget Director	☑ * Acknowledge

I certify that all deposits of withheld taxes and employer-employee Social Security Taxes required to be made with a Federal Tax Depository and required reports have been made in a timely manner. For the period covered, there are no delinquent liabilities for employer's payroll taxes due to the Federal and/or Illinois State governments. I further certify that I have on file complete copies of Forms W-4 and IL-4 for each person who is now or has been paid wages by my organization.
For the period covered, there are no delinquent liabilities for employer's payroll taxes due to the Federal and/or Illinois State governments.
I further certify that I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

* Name	Latoya Vaughn	* Title	Deputy Budget Director	☑ * Acknowledge

Cancel   Save   Back   Step 4 of 4   Submit

Editing Invoices

- If Changes are required **<u>Prior to submission</u>**, Users can Select the "Back" button (not the browser button) to edit details or line information

- If changes are required ***<u>After submission</u>***, Users must navigate to the "Finance" tab, "Re-certify ", " Enter Invoice Number under search" and select "Go"

Remove Lines from Invoice

Remove Lines from Invoice

Cancel Invoice

➢ Search for All Invoices, Under **Finance** tab, Select **"GO"**

➢ **Cancelling an Invoice will release the funds reserved in the voucher**

Cancel or Edit Invoice (Cont.)

➢ Invoice History will appear; Select the Invoice to Edit or Cancel

Cancel or Edit Invoice (Cont.)

Cancel Icon ⟹

Post Invoice Submission

Delegate Agencies have an obligation to regularly check the invoice status and take an appropriate action accordingly.

Post Invoice Submission (cont'd)

A. Rejection

1. Under the following circumstances, an Invoice may be Rejected:
   - a. Incorrect Payment Site selected
   - b. Incorrect Date Goods/Services Received
   - c. Incorrect Release matched
   - d. The expenditures covered in the two-year period
   - e. Other

2. Delegate Agencies have an obligation to follow up with the Rejection Notification and take an appropriate action to fix the root cause for Rejection accordingly.
*The communication email regarding rejected invoices will originate **From: Workflow Mailer** and may appear in spam folder.*

3. When delegate agency resubmits the rejected invoice, the original invoice number should be used and followed by a suffix **"RJ".** For example, **45672-17-01RJ.**

4. When the delegate agency resubmits invoices to recover previously deleted cost (only submit if *expense* is allowable), please include the suffix **"R"** followed by the invoice number. For Example, 45672-17-01R.

5. Please use **"A"** for invoices that have amendment cost *ONLY* meaning you submitted your original invoice and forgot to include cost pertaining to the exact same period covered, same invoice number, same voucher – only adding on cost related to original invoice. For example, 45672-17-01A.

 i.e., Original Invoice 45672-17-01 period covered 04/01/18 – 04/30/18
Amendment Invoice 45672-17-01A period covered 04/01/18 – 04/30/18

6. * If you experience where your agency uses the same PO number, for multiple programs within your organization – your agency can use the following format to submit your invoices : *this is case by case basis and should be approved by your department contact liaison.*

45672-17-01a
45672-17-01b
45672-17-01c
45672-17-01d

Helpful Tips and Lessons Learned

1. Avoid Back/Forth Browser Buttons

2. Enable Pop-Ups and Check Internet Security Settings

3. Check Email Spam/Junk Mailbox for City of Chicago Mailer notifications

4. Check Attachment Submissions Prior to Submitting

5. Online Discussion Sent to Buyer Only

6. Save Draft Often

7. Check Attachment Submissions Prior to Submitting RFP

8. Click Validate Prior to Submission - To Identify Missing Requirement

9. Prior to Submitting – Enter Name First THEN Click Certify

10. Updating Agency Information and User Access – Remember to Enter Email Address Before Granting Access to Organizational Users .
    Assign Proper Responsibilities (Online bidding and/or Invoicing)

Who to Contact for Assistance

iSupplier Techniacl Assistance Helpline:
CustomerSupport@cityofchicago.org or **(312)744-4357**

Registration Assistance Only:
CustomerSupport@cityofchicago.org or (312)744-4357

To receive remittance when payments are made, send your supplier number to:

electronicenrollment@cityofchicago.org

Useful Links

Vendor/Delegate Agency Registration:
https://www.cityofchicago.org/city/en/depts/dps/isupplier/vendor-registration.html

City of Chicago Search Online:
http://webapps.cityofchicago.org/VCSearchWeb/org/cityofchicago/vcsearch/controller/agencySelection/begin.do

Funding Opportunities:
https://www.cityofchicago.org/city/en/depts/dps/isupplier/current-bids.html