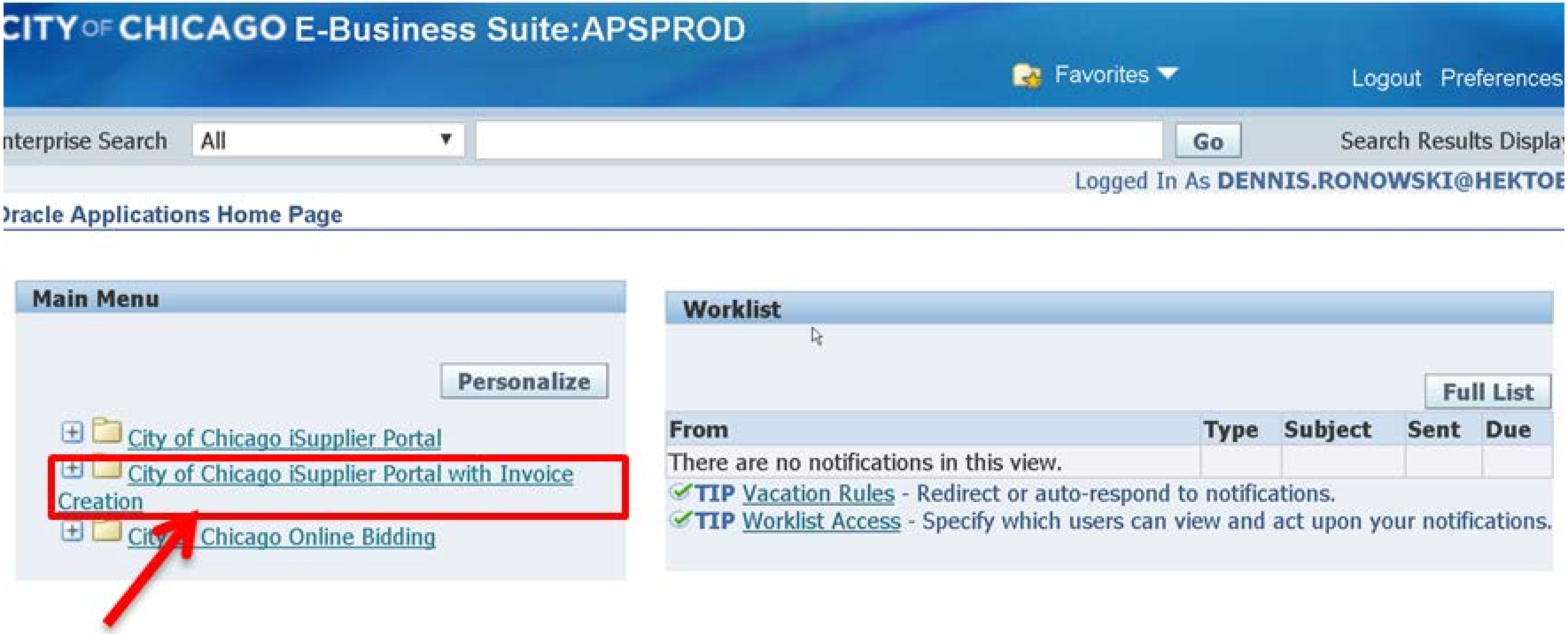
Create Invoice Details

A. Search for Purchase Order (PO) Number

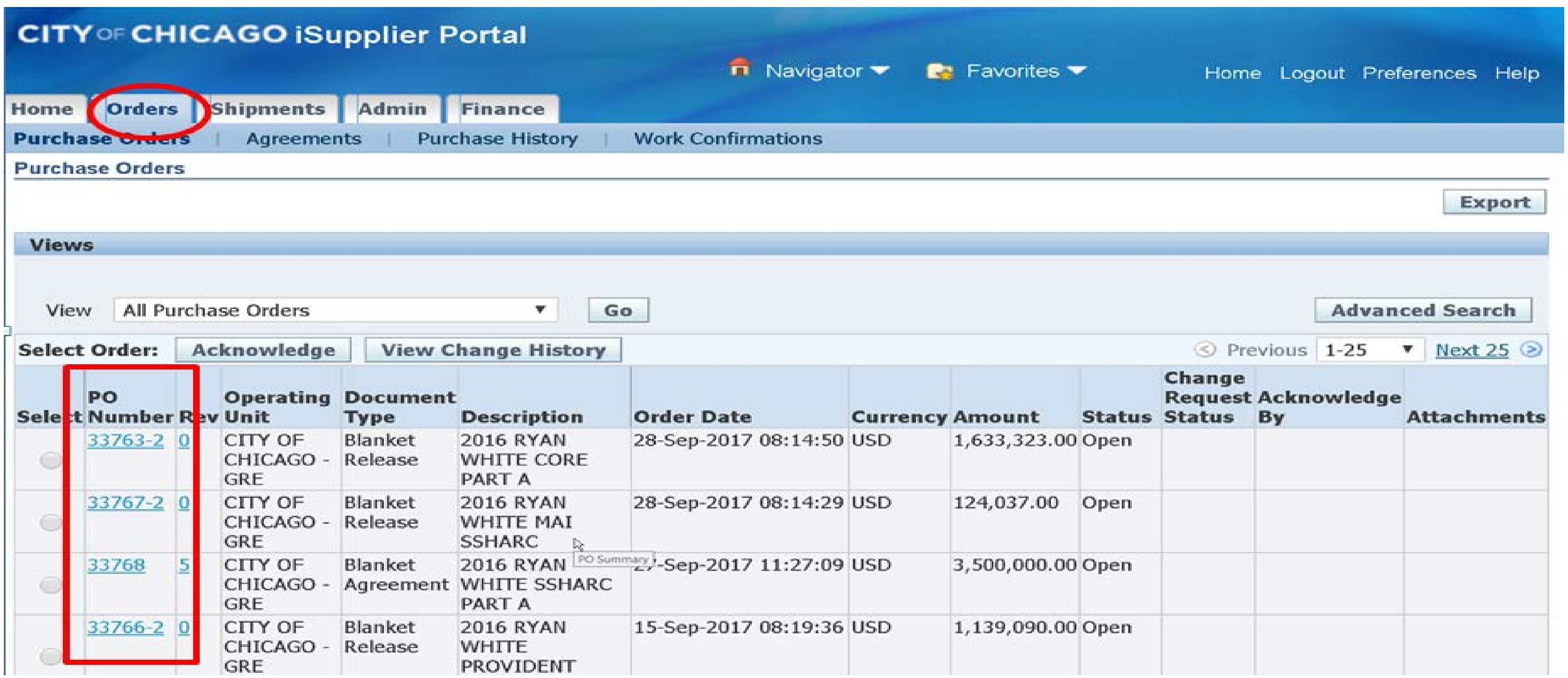
1. The first step is to login to your account of iSupplier Portal.

Once logged in successfully, there will be a Main Menu on the left-hand side of the screen. Select "City of Chicago iSupplier Portal with Invoice Creation."



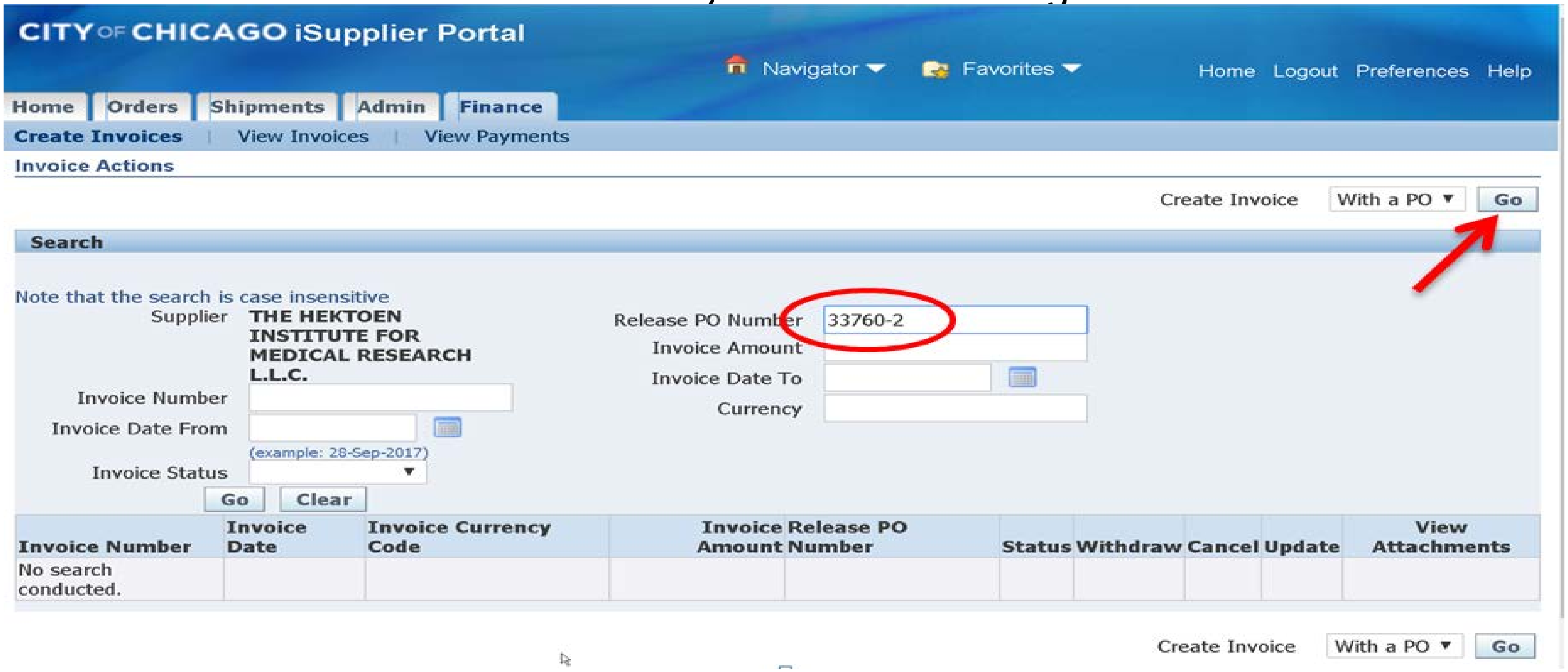
Create Invoice Details

2. . To submit your invoice/payment voucher, you will need the Purchase Order (PO)/Release number. The home screen will have several tabs near the top that allow you to view and edit information. Select the “Orders” tab to view the PO/Release information. Here you can see the amount, date and description of the agreement that you will be vouchering against.



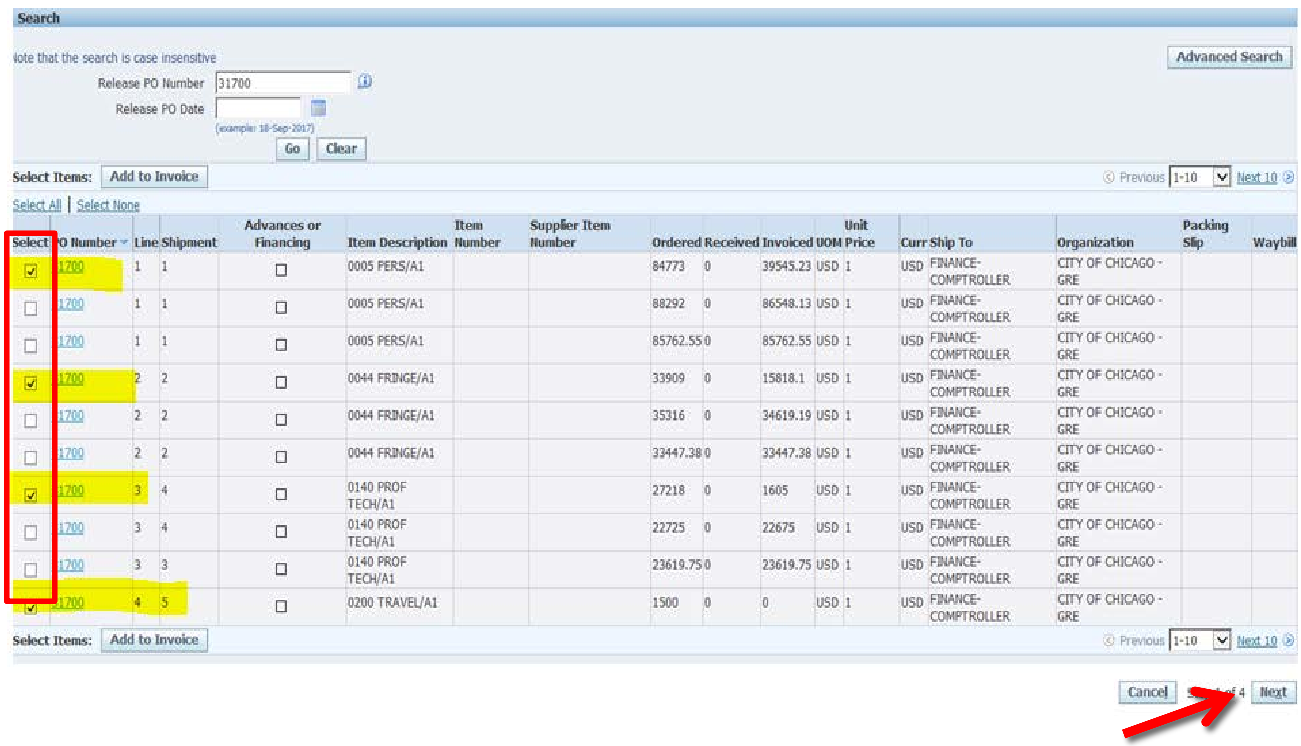
Create Invoice Details

3. . Once you have the PO/Release information, click on the “Finance” tab at the top of the screen. In the upper (and lower) right hand side of the Finance tab is where you enter the PO/Release number and click the “Go” button to create an invoice with a PO/Release you are vouchering for.



Create Invoice Details

4. The next screen will show all of the available lines on this agreement (PO/Release). Based on what you are vouchering for, check the box next to all the lines that apply. 0005 Personnel; 0044 Fringe Benefits; 0100 Operating Expenses, etc. Once the appropriate boxes have been checked, click on the "Next" button.

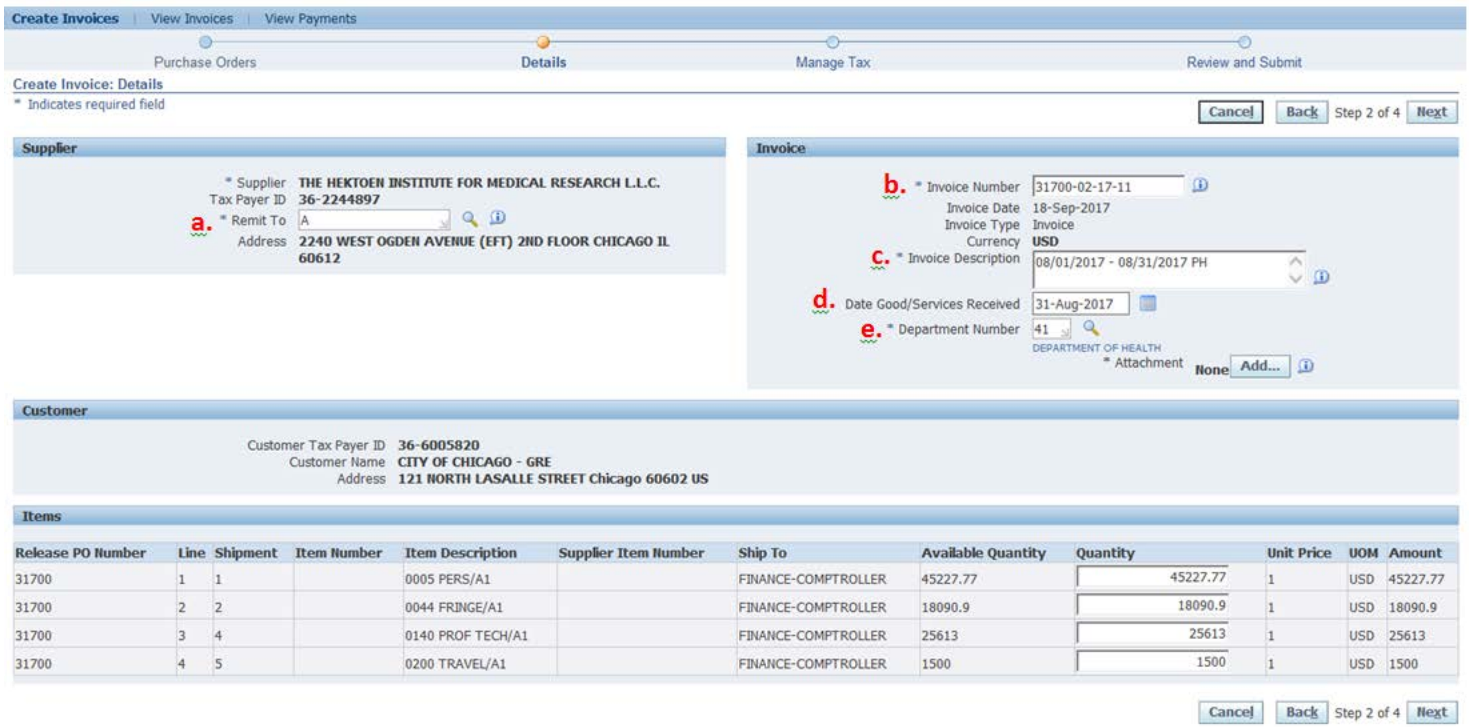


Select	O Number	Line	Shipment	Advances or Financing	Item Description	Item Number	Supplier Item Number	Ordered	Received	Invoiced	UOM	Unit Price	Curr	Ship To	Organization	Packing Slip	Waybill
☑	1700	1	1	☐	0005 PERS/A1			84773	0	39545.23	USD	1	USD	FINANCE-COMPTROLLER	CITY OF CHICAGO - GRE		
☐	1700	1	1	☐	0005 PERS/A1			88292	0	86548.13	USD	1	USD	FINANCE-COMPTROLLER	CITY OF CHICAGO - GRE		
☐	1700	1	1	☐	0005 PERS/A1			85762.55	0	85762.55	USD	1	USD	FINANCE-COMPTROLLER	CITY OF CHICAGO - GRE		
☑	1700	2	2	☐	0044 FRINGE/A1			33909	0	15818.1	USD	1	USD	FINANCE-COMPTROLLER	CITY OF CHICAGO - GRE		
☐	1700	2	2	☐	0044 FRINGE/A1			35316	0	34619.19	USD	1	USD	FINANCE-COMPTROLLER	CITY OF CHICAGO - GRE		
☐	1700	2	2	☐	0044 FRINGE/A1			33447.38	0	33447.38	USD	1	USD	FINANCE-COMPTROLLER	CITY OF CHICAGO - GRE		
☑	1700	3	4	☐	0140 PROF TECH/A1			27218	0	1605	USD	1	USD	FINANCE-COMPTROLLER	CITY OF CHICAGO - GRE		
☐	1700	3	4	☐	0140 PROF TECH/A1			22725	0	22675	USD	1	USD	FINANCE-COMPTROLLER	CITY OF CHICAGO - GRE		
☐	1700	3	3	☐	0140 PROF TECH/A1			23619.75	0	23619.75	USD	1	USD	FINANCE-COMPTROLLER	CITY OF CHICAGO - GRE		
☑	1700	4	5	☐	0200 TRAVEL/A1			1500	0	0	USD	1	USD	FINANCE-COMPTROLLER	CITY OF CHICAGO - GRE		

Create Invoice Details

B. Complete Invoice Detail Fields

The next screen is where you need to enter all of the detailed information for this invoice/payment voucher.



Create Invoices | View Invoices | View Payments

Purchase Orders — Details — Manage Tax — Review and Submit

Create Invoice: Details

* Indicates required field

Cancel Back Step 2 of 4 Next

Supplier

* Supplier THE HEKTOEN INSTITUTE FOR MEDICAL RESEARCH L.L.C.
Tax Payer ID 36-2244897
a. * Remit To A
Address 2240 WEST OGDEN AVENUE (EFT) 2ND FLOOR CHICAGO IL 60612

Invoice

b. * Invoice Number 31700-02-17-11
Invoice Date 18-Sep-2017
Invoice Type Invoice
Currency USD
c. * Invoice Description 08/01/2017 - 08/31/2017 PH
d. Date Good/Services Received 31-Aug-2017
e. * Department Number 41
DEPARTMENT OF HEALTH
* Attachment None Add...

Customer

Customer Tax Payer ID 36-6005820
Customer Name CITY OF CHICAGO - GRE
Address 121 NORTH LASALLE STREET Chicago 60602 US

Items

Release PO Number	Line	Shipment	Item Number	Item Description	Supplier Item Number	Ship To	Available Quantity	Quantity	Unit Price	UOM	Amount
31700	1	1		0005 PERS/A1		FINANCE-COMPTROLLER	45227.77	45227.77	1	USD	45227.77
31700	2	2		0044 FRINGE/A1		FINANCE-COMPTROLLER	18090.9	18090.9	1	USD	18090.9
31700	3	4		0140 PROF TECH/A1		FINANCE-COMPTROLLER	25613	25613	1	USD	25613
31700	4	5		0200 TRAVEL/A1		FINANCE-COMPTROLLER	1500	1500	1	USD	1500

Cancel Back Step 2 of 4 Next

Create Invoice Details

a. 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.

b. 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., 33328-1-17-01.

b. eProcurement invoice number omits the PO number, and consists of three elements: Release Number-Expenditures covered year-Sequential number, e.g., 45672-17-01.

c. Invoice Description: Enter the period covered followed by the two letter program code. For example: **08/01/2017 – 08/31/2017 PH**. PH stands for "Public Health" program; RW stands for "Ryan White" program; SH stands for "Shelter" program; CC stands for "Childcare Program" YN stands for "Youth Net" program. If you do not know the program code, you may just enter the period covered with no program code.

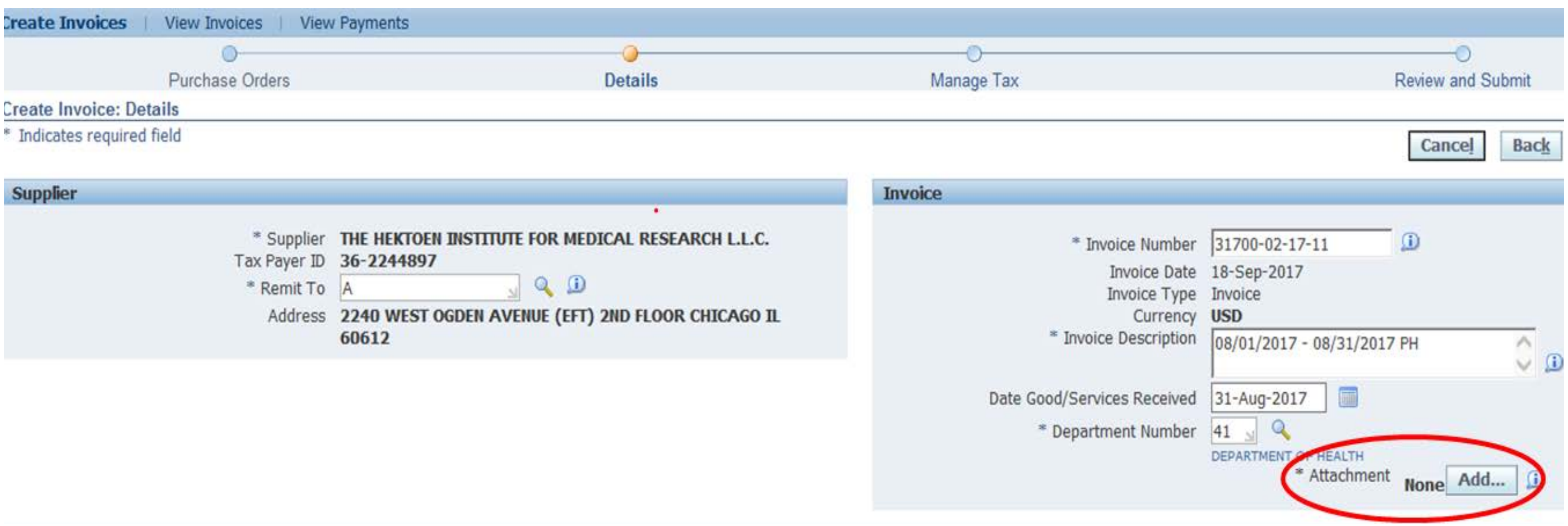
d. Date Goods/Services Received: This will be the end date of the expenditure covered period in the format DD-MMM-YYYY. We recommend choosing the day from the calendar selector. Example:

e. Department Number: You can select the magnifying glass to see a list of department numbers, but common departments are: 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

C. Attach Invoice Documentation

1. After the invoice details are entered, select the “Add” button to add attachments. You should add three (3) separate attachments to each invoice.



Create Invoice Details

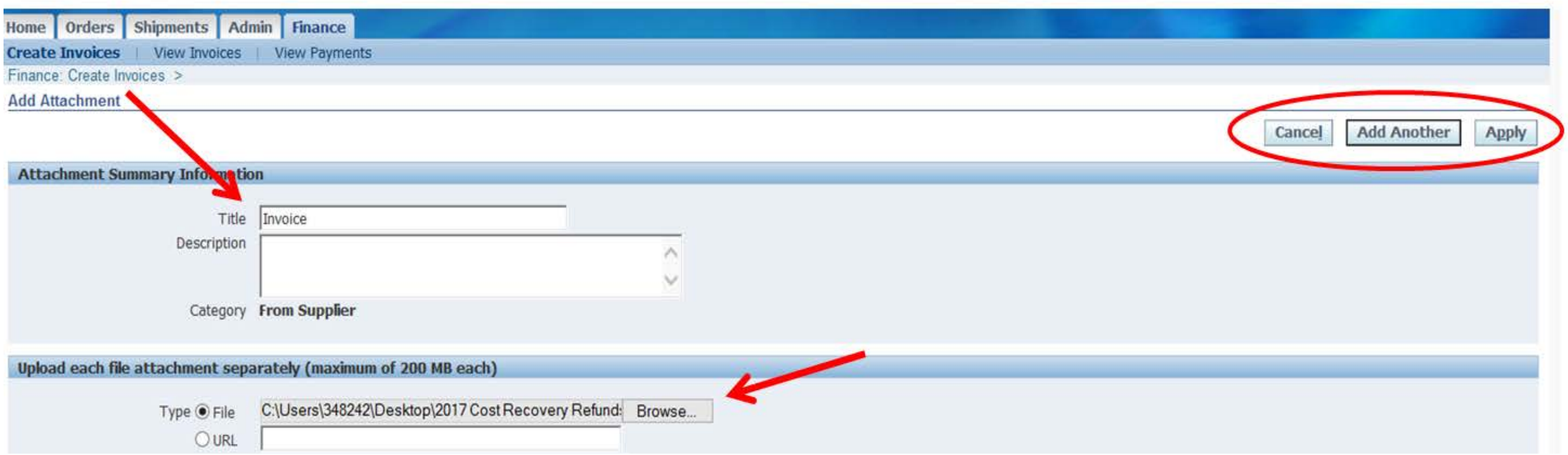
- **Invoice** – this should include the invoice summary sheet, personnel invoice cost detail sheet, and non-personnel cost detail sheet.
- PLEASE SUBMIT THIS IN MS EXCEL FORMAT. Excel format will allow the voucher auditors to make notes and deletions on the invoice cost detail sheet, which will allow you to see their audit deletion (if any) through iSupplier Portal.

- **Support** – this should include all of the required supporting documentation. Examples may include payroll register, ADP payroll register summary, time sheets for hourly workers, receipts, invoice copy for non-personnel cost over $5,000 etc.
- These can be saved in any format.

- **Certification** – this should include the Tax Payment Certification, the Invoice Certification Form, etc.

Create Invoice Details

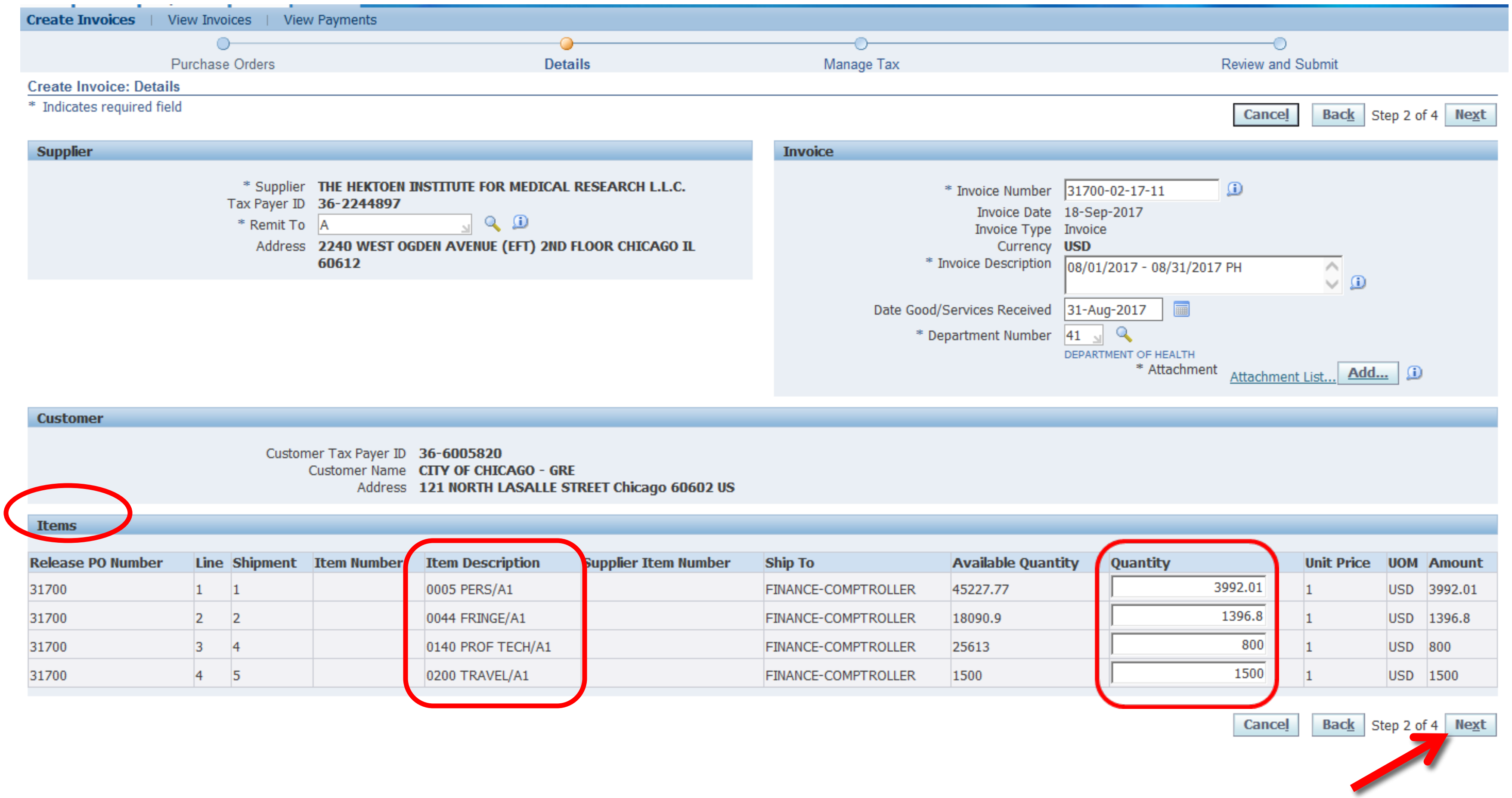
2. Enter the title of the attachment (Invoice, Support or Certification) then click the "Browse" button to search for the corresponding file to be attached. Click the "Add Another" button and repeat these steps until all three attachments (Invoice, Support, and Certification) have been saved. When you are finished, click the "Apply" button.



Create Invoice Details

- **D. Enter Invoice Line Item Value**
  1. The next step is to enter the invoice line item quantity/amount based on what you are vouchering for.
- 2. Near the bottom of the screen is an Item section with each line from the agreement that you selected to include in this invoice/payment voucher.
- 3. Make sure the amounts entered are matched with the line item/ account selected. The system will default to the total amount available, so you may have to type the correct amounts in each quantity field.
- 4. Note that you cannot invoice for more than the available quantity on each line. **Available quantity = amount of money left on that line for the current budget. Quantity = amount of money on that line that you are submitting for reimbursement on this voucher.**
- 5. Once you verify that the amounts are correct, click on the “Next” button. *If there are any required fields that are blank or if something is not entered correctly, you may receive an error message. Simply correct the field(s) indicated in the error and click “Next” to re-submit.

Create Invoice Details



Create Invoices | View Invoices | View Payments

Purchase Orders — Details — Manage Tax — Review and Submit

Create Invoice: Details

* Indicates required field

Cancel Back Step 2 of 4 Next

Supplier

* Supplier THE HEKTOEN INSTITUTE FOR MEDICAL RESEARCH L.L.C.
Tax Payer ID 36-2244897
* Remit To A
Address 2240 WEST OGDEN AVENUE (EFT) 2ND FLOOR CHICAGO IL 60612

Invoice

* Invoice Number 31700-02-17-11
Invoice Date 18-Sep-2017
Invoice Type Invoice
Currency USD
* Invoice Description 08/01/2017 - 08/31/2017 PH
Date Good/Services Received 31-Aug-2017
* Department Number 41
DEPARTMENT OF HEALTH
* Attachment Attachment List... Add...

Customer

Customer Tax Payer ID 36-6005820
Customer Name CITY OF CHICAGO - GRE
Address 121 NORTH LASALLE STREET Chicago 60602 US

Items

Release PO Number	Line	Shipment	Item Number	Item Description	Supplier Item Number	Ship To	Available Quantity	Quantity	Unit Price	UOM	Amount
31700	1	1		0005 PERS/A1		FINANCE-COMPTROLLER	45227.77	3992.01	1	USD	3992.01
31700	2	2		0044 FRINGE/A1		FINANCE-COMPTROLLER	18090.9	1396.8	1	USD	1396.8
31700	3	4		0140 PROF TECH/A1		FINANCE-COMPTROLLER	25613	800	1	USD	800
31700	4	5		0200 TRAVEL/A1		FINANCE-COMPTROLLER	1500	1500	1	USD	1500

Cancel Back Step 2 of 4 Next

Create Invoice Details

E. Review and Submit Invoice

The next two screens are a chance for you to review and revise your invoice (if needed) before submitting it.

Supplier

* Supplier THE HEKTOEN INSTITUTE FOR MEDICAL RESEARCH L.L.C.
Tax Payer ID 36-2244897
* Remit To A
Address 2240 WEST OGDEN AVENUE (EFT) 2ND FLOOR CHICAGO IL 60612
Remit To Bank Account XXXXX5213
Unique Remittance Identifier
Remittance Check Digit

Invoice

* Invoice Number 31700-02-17-11
* Invoice Date 18-Sep-2017
Invoice Type Standard
* Currency USD
Invoice Description 08/01/2017 - 08/31/2017 PH
Date Good/Services Received 31-Aug-2017
Department Number 41
DEPARTMENT OF HEALTH
Web Disclosure
Attachment Attachment List...

Items

PO Number	Line	Shipment	Item Description	Supplier Item Number	Ship To	Available Qty	Quantity To Invoice	UOM	Unit Price	Amount
31700-3	1	1	0005 PERS/A1		FINANCE-COMPTROLLER	45227.77	3,992.01	USD	1.00	3,992.01
31700-3	2	2	0044 FRINGE/A1		FINANCE-COMPTROLLER	18090.9	1,396.80	USD	1.00	1,396.80
31700-3	3	4	0140 PROF TECH/A1		FINANCE-COMPTROLLER	25613	800.00	USD	1.00	800.00
31700-3	4	5	0200 TRAVEL/A1		FINANCE-COMPTROLLER	1500	1,500.00	USD	1.00	1,500.00

Shipping and Handling

Charge Type	Amount	Description
No results found.		

Invoice Summary

Items	7,688.81
Less Retainage	0.00
Freight	0.00
Miscellaneous	0.00
Tax	0.00
Total (USD)	7,688.81

Recalculate Total

Cancel Save Back Step 3 of 4 Next Submit

Create Invoice Details

- 1. Double check the total amount of the invoice in the lower right corner matches the invoice and supporting documentation that you intend to submit.
- 2. Click the "Back" button to make any changes or click "Submit" if everything looks good.
- 3. If you click the "Next" button on this step, it will take you to the review screen a second time at which point you can click "Submit".
- 4. When you submit the invoice, a printable confirmation will be available.

- **- END OF PROCEDURES TO SUBMIT AN INVOICE FROM THE iSUPPLIER PORTAL -**

Post Invoice Submission

A. Request Information

1. Comptroller’s Office VATS unit may send “Request Information” notification to Delegate Agency and request additional information.
2. Delegate Agency must respond to the Request Information within 48 hours (two business days). If requested information is not received within two business days, the invoice will be ***cancelled***.
3. Delegate Agencies have an obligation to regularly check the invoice status and take an appropriate action accordingly.

Post Invoice Submission (cont'd)

B. 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.

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.