Payment Request Form

Presentation by Anesthesia Business Office
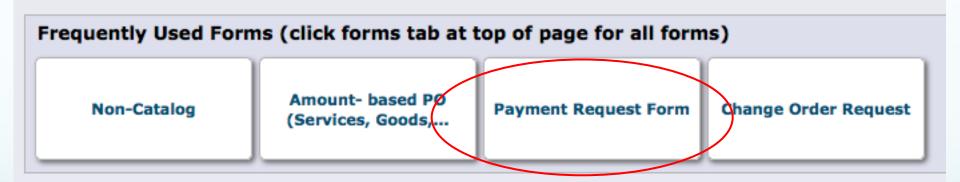
Updated July 2016

Purpose

- The Payment Request Form is the main form for requesting payment for non-BearBuy PO invoices effective September 1, 2013

- Check Request Forms will no longer be accepted

- Payment Request Form can be used for the following:
  - Cell Phone/Phone Lines/ Data Services
  - Donation/Contribution

- Government Fees/Visas
- Guest Lodging
- Honararium
- Memberships/Subscriptions
- Refund
- Registration Fee
- Relocation
- Student Summer Programs
- Suppliers who will not accept a PO
- Utilities

Access to Payment Request Form

- The Payment Request Form is located on the **BearBuy homepage** under **Frequently Used Forms**

Frequently Used Forms (click forms tab at top of page for all forms)

| Non-Catalog | Amount- based PO (Services, Goods,... | Payment Request Form | Change Order Request |

Payment Request Form

Instructions   ?

BearBuy

Use this form to request payment only for the activities specified in the **Activity Type** drop-down box of this form.

DO NOT use this form for:

- Research Subjects
- Patient Refunds
- Petty Cash
- Subcontract Invoices
- BearBuy PO Invoices

The Payment Request Form cannot be used to pay suppliers that accept purchase orders. If you have not created a purchase order for your expenses, please use After The Fact PO Form.

Sensitive, Confidential, or HIPAA Information: Attachments (documents, emails, invoices etc.) **should not** include any sensitive data (i.e. SSN, Bank Account numbers, etc.) or Protected Health Information (PHI) under HIPAA. You **must redact** this type of information before attaching documents to this form. For more details, refer to the applicable **Policy Regarding Attachments and Personally Identified Information** and the **BearBuy Data Privacy guide.**

Note

- If you cannot find the supplier or require a new remittance, refer to '?' (help) in the Request Info section for further instructions.
- A purchase order will not be sent to the vendor, but rather processed internally for approval workflow purposes only.
- Do not include any confidential or PHI (HIPAA) information in this form (See Above).
- Attach any invoice you have to

Request Information   ?

Enter Supplier [   ]

or
Supplier Search

Payee (If different from supplier name) [   ]

Commodity Code   00005

Request Handling

Attachment [No] to Check Required

Hold Check [No] for Pick-Up

Payment Message (70 char. max) [   ]

Remit To Address

Contact Name [   ]
Street 1 [   ]
Street 2 [   ]
Street 3 [   ]
City [   ]
State [   ]
Zip [   ]
  Country [   ]
Email [   ]
Phone [   ]
Toll Free Phone [   ]
Fax [   ]

this form. If you have multiple invoices, submit each invoice on a separate requisition.
- Include supporting backup documents (i.e. registration fee forms, subscription renewals, billing on official letterhead, etc.)
- Reimbursement requests to employees and guests should be submitted via **MyExpense**. **DO NOT** process reimbursement requests via BearBuy.
- For payments to Research Subjects, please contact **CreditCard@ucsf.edu** for information on our Human Subject Debit Card program.
- For patient refunds, use the paper Check Request Form.
- For further assistance with this form, email **COSolutionCenter@ucsf.edu** or call (415) 476-2126.

Check handling instruction: Best practice is to mail check directly to vendor. If a check must be MCB pickup or sent intercampus back to the department, refer to detailed payment delivery instructions under **Check Request Processing FAQ** How do I note MCB Pickup or Campus Mail delivery instructions on the Payment Request Form?

WARNING

Do not mix a Payment Request form with a catalog order or any other form.

STOP

Some suppliers have a **STOP SIGN** next to the name. This means the supplier is not accepting POs or no POs have been issued in the past with this vendor. Since the Payment Request Form only generates the PO for internal processing purposes, **this sign can be ignored** on this form and you may select this vendor.

Payment Details   ?

Activity Type   Please select... ⌄

Please enter the description and reason for payment in the Product Description.

Product Description

                                    254 characters remaining   expand | clear

Supplier Inv #

Invoice Date
                                    mm/dd/yyyy

Amount

Attachments

Please attach a scanned copy of all supporting documentation and an invoice if available.

Internal Attachments

Add Attachments

Check Payment Status

- Search by **Voucher No.**

- Under the **Summary** tab, check the following sections:

  - **Payment Information**: Pay Status, Payment Method, Record No. (payment reference or check number), and Record Date

  - **Notes/Attachments**: External Note → Payment Amount and PeopleSoft Payment Status

Check Payment Status

Voucher | Approvals | Matching | Comments | Attachments (1) | History

Summary | Payment Information | Codes | ?

Hide header | Hide value descriptions

General | ?

Invoice Type	Voucher
Voucher Number	50000369
Supplier Invoice No.	VP_0909_PT44
Supplier Name	DENTSPLY TULSA DENTAL
Supplier Invoice Date	9/9/2011
Discount Date	no value
Terms	0, Net 30
Terms Discount	0.00 USD
Voucher Name	VP_0909_PT44
Workflow Status	✓ Completed (10/21/2011 11:46 PM)
Review Before Pay	no value
Invoiced By	VIKRAM PADISALA
Match Status	Unmatched
Invoice Source	Manual
Contains substituted item(s)	✗

Addresses | ?

Remit To
USE 0030006151 #8*
PO BOX 31001-1205, DEPT DNA
PASADENA, CA 91110-1205
United States
Defaults: (Pay: [CHK]) (Hand: [RE]) (W/H: [N/A])
3rd Party Address ID 0030069219-7

Bill To
no address

Payment Information | ?

Invoice Received Date	9/9/2011
F.O.B.	FedEx InBound Freight Program
Pay Status	Paid
Payment Method	ACH
Record No.	563421
Record Date	10/18/2011
Supplier Third	no value

Note/Attachments | ?

External Note	Payment Amount: $2003 PS Payment Status: Paid
Internal Note	no note

External Attachments
  Invoice Image ♫
Internal Attachments

Discount, Tax, Shipping & Handling | ?

Discount, tax, shipping & handling

Allocation Method	Sum of All	
	Header-level	Sum of lines
Discount	0.00 USD	0.00 USD
Tax 1	433.50 USD	0.00 USD
N/A	0.00 USD	0.00 USD
Shipping	20.00 USD	0.00 USD
Misc	0.00 USD	0.00 USD

Helpful Tips

- Do not include any confidential information (i.e. SSN, bank account numbers, etc.)

- Make sure to redact any confidential information from attachments (invoices, documents, etc.)

- Submit only one invoice per Payment Request Form and cart

- Do not mix a Payment Request Form with a catalog order or another form

- The form will be assigned a requisition number then a PO number and voucher number (similar to a BearBuy order)

Resources

- Controller's Office Solution Center
  - Phone: (415) 476-2126
  - Email: COSolutionCenter@ucsf.edu

- Anesthesia Business Office wiki page:
  - Website: http://wiki.library.ucsf.edu/display/ABO

- Payment Request Form Guideline:
  - Refer to: ABO wiki page → Policies & Procedures → BearBuy Payment Request Form Outline

- Payment Request Forms
  - Link: http://controller.ucsf.edu/buying_paying/invoice_crp.asp
  - BearBuy Email: BearBuy@ucsf.edu
  - Training Materials: http://supplychain.ucsf.edu/training