

Accounts Payable Processing Guide

INDEX

Topics	<u>Page</u>
Accounts Payable Forms	3
General Information	4
Dates to Remember	4
Vendor Statements	4
General Ledger Coding Structure	5
Invoice Coding and Preparation (including examples)	6-11
How to Electronically Sign PDF Documents	12-13
Employee Expense Claims	14-15
Miscellaneous Payment Requisition	16
Petty Cash	17
U.S. Invoices	17
<u>Credit Notes</u>	17
Credit Applications	17
Batching	18-19
Priority Batching	20
Submitting Batches to Accounts Payable	20

<u>Accounts Payable Batch Header</u> ORG.1311.PR.001.FORM.01– This form is for sites/programs to package a group of invoices to be sent to accounts payable. This form includes a summary of the invoices included from the site/program and dates.

Accounts Payable Batch Log ORG.1311.PR.001.FORM.02 - This form is a tool for sites/programs to document batches sent to accounts payable

<u>Accounts Payable Coding Stamp</u> ORG.1311.PR.001.FORM.02 – This tool is used to electronically stamp an invoice for multiple general ledger coding and authorization

Employee Expense Claim ORG.1310.FORM.002– This form is used to reimburse employee expenses

<u>Miscellaneous Payment Requisition</u> ORG.1311.FORM.004– This form is used if there is no other invoice available and a payment is required to be made

Petty Cash Reimbursement Form ORG.1311.PL.001.FORM.03 – This form is used to submit a petty cash reimbursement

Direct Deposit Form Employee ORG.1311.FORM.002– Employees can submit this form to accounts payable to change their electronic funds transfer banking information from default payroll banking information for expense claim reimbursements

Direct Deposit Form Vendor ORG.1311.FORM.003– Vendors can submit this form to accounts payable to add or change their electronic funds transfer banking information for payments

Accounts Payable Team:

General accounts payable email <u>accountspayable@southernhealth.ca</u> General accounts payable phone line (204) 428-2763

Deanne Leary	(204) 428-2763	dleary@southernhealth.ca
Karen Tunski	(204) 428-2729	ktunski@southernhealth.ca
Rachel Philippe	(204) 428-2765	rphilippe@southernhealth.ca
Noreen Soltys-Elash	(204) 428-2764	nsoltys@southernhealth.ca
Tracy Tully	(204) 428-2766	ttully@southernhealth.ca
Assessments Developed Overse		
Accounts Payable Super	VISOr	
Tara Janeczko	(204) 428-2751	tjaneczko@southernhealth.ca

The accounts payable department is committed to providing Southern Health-Santé Sud employees and vendors with the best possible service in the most cost-efficient manner. We will continuously look for new and innovative ways to identify lowest cost methods practicable for providing the necessary services.

DATES TO REMEMBER

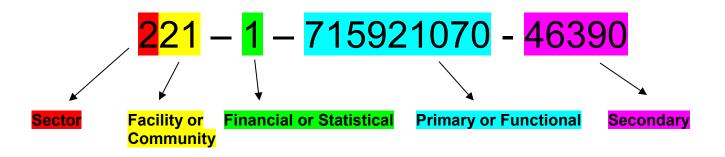
- Payments are issued every **Thursday** based on payment terms (Electronic Funds Transfers, VISA payments, cheques)
- Please allow 2-3 weeks from when the accounts payable department receives an employee expense claim for it to be paid

MONTH-END REQUIREMENTS

- Facility or Program should ensure that all current month invoices are coded, authorized, batched and scanned to the accounts payable department by the end of the first business day of the next month. This deadline permits accounts payable three business days to key and post the invoices into the prior month, otherwise the invoices will be posted into the new month.
- An example of an Accounts Payable Batch Header completed accurately is as follows: A batch includes July and prior invoices and your batch is sent in on the first business day of August. "Month to Post To" in this case is July. If you also have a batch of August invoices and it is sent in on the same day, the "Month to Post to" would be August for that particular batch.

VENDOR STATEMENTS

Statements should be forwarded to accounts payable for reconciliation against the vendor history. The General Ledger Code (GL code) consists of four segments:



- 1) Sector One digit. Manitoba Health, Seniors and Active Living sector code:
 - 1. Acute
 - 2. Long Term Care
 - 3. Corporate
 - 4. Mental Health
 - 5. Non-Global Medical
 - 6. Emergency Medical Services
 - 7. Global Medical
 - 8. Community
 - 9. Elderly Persons' Housing and Handivan

Facility or Community – Two digits. This code identifies the facility or community

<u>2)</u> <u>Financial or Statistical</u> – One digit. 1 and 9 (juxtaposed only) for financial and 2 and 7 (juxtaposed only) for statistical

A juxtaposed site is one that shares services and/or products between Acute and Long Term Care sectors. Such sites would use 9 (financial) and 7 (statistical) in order to allocate costs or statistics between these two sectors.

- 3) Primary or Functional Between 5 to 9 digits. This code identifies the department or program
- 4) Secondary up to 7 digits. Classifies the nature of the revenue, expense or statistical details

If you are unsure of which GL codes to use, these can be obtained from the Financial Analyst or Junior Accountant assigned to the facility or program. A chart of accounts can be available through these same individuals. Please see the current listing of <u>Finance contacts</u> for further guidance.

Each invoice and receipt is expected to detail sufficient and reasonable information to support the transaction. At a minimum, invoices and receipts should provide the following content:

-Vendor name -Amount of charge -Vendor address -Transaction date -Invoice number -Taxes

- -Transaction details (what was purchased)
- Invoices that require only one general ledger (GL) code Pre-tax, taxes and totals do not need to be noted on a stamp; however, they must be clearly documented on the invoice. GL must be clearly noted on the invoice and authorized by a signing manager. See invoice examples on pages 7 and 8.
- Invoices that contain extra charges (i.e. minimum order, fuel surcharge, freight or shipping) -Please add these charges to the applicable expense total by GL code. These charges do not have to be broken out separately but require a stamp.
- Invoices that require two or more general ledger codes must be stamped and contain the pre-tax amount, PST, GST and total amounts shown separately for each separate GL account; the pre-tax amounts and total amounts totaled. See invoice examples on pages 9 and 10.

Please apply the following guidelines to invoices and associated back-up documents:

- Accounts payable (AP) does not require original receipts. Copies are sufficient. Please note that AP does not keep the original receipts.
- Smaller documents are to be scanned or copied onto an 8 ½ x 11 sheet (can have multiple smaller documents on one sheet) and be coded
- > Do not staple, tape or highlight
- Ensure that the stamp is on the front of the invoice and that it is not covering information that supports the transaction. Please avoid to stamp on an extra blank sheet unless absolutely necessary. If required, please ensure that the vendor name and invoice number are included and that it accompanies the applicable invoice.
- > Include manual purchase orders and packing slips with invoices, if applicable
- > Include timesheets or other documentation backing-up agency nurse hours, if applicable
- Do not include any medical or private employee documents or any unnecessary or redundant documentation as back-up
- > AP cannot process statements, packing slips or order confirmations
- All invoices have to be coded, authorized, legible and complete to be processed. Incomplete invoices will be returned to the facility or program for correction.

Electronic example – One general ledger code without extra charges – No stamp required

The authorized manager can type the general ledger code via Adobe Reader and can add his or her signature electronically. Please use Adobe Reader's default font size and style for clear and easy legibility.

	TRA		Trane Cattad JOB/7 Beta / In	WHAT						TYPE	INVOICE
			Barnoby, BC	136 484	1	RENTTO				* NL VIB	5100XX766
	ice Provided					TRASE CANAD	A ULC			0 VTE 22-	JUL-19 J of J
Pb 20-	4-632-1543 Fax IPEG, MB	204-633-6578	1			T42334C PO BON 42324C TORONTO, ON		STAL STATION	VSI CC. V	PL RCH:	ISE DROCH NUMER
						1080 10,04	120 314				3/// 804 7
_	AGE GENER	A1 8060	TAI			SHIP TO SERVIC				ORIGIN	ALSISTEN NUMBER
ATTN	: ACCOUNT				1	PORTAGE GENE PORTAGE GENE	R.M. HOSPI				
	H ST. SE AGE LA PR	AIRIE, I	HB R1H	3A8		PORTAGE LAPR		R15.3.08		C1 570	4097536
										PHEN 10	115+
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Visit www.orp											

Manual example – One general ledger code without extra charges – No stamp required

The authorized manager can clearly write the complete general ledger code and sign the invoice.

Casterland Winnipeg 875 Century St. Winnipeg MB R3H 0M3 Tel. (204)7783-5500 Fax (204)775-7977 Tax ID # 100840404			Date Invoice # Terms PO # Ship Via Ship Date Tracking # Rep Rep Emall Created From		4/10/2019 INW34085 Net 30 144553 Customer's Ci 4/10/2019 Brett brett_w@cast Sales Order #	erland.com
Bill To Portage District Genera 524 Fifth Street S.E. Portage la Prairie MB R Canada	1N 3A8		Ship To Portage Distri 524 Fifth Stree Portage la Pra Canada	et S.E.	R1NOA8	
Item SD002365	Quantity 8	Units	Description 1 3/8" DIA FURNITURE GLIDE/5/1		'Unit Price	Amount
			2	0+10 X	2.54	20.32
			Tax Code Summary		Tax Rate	Total Tax
			PST_MB_8 GST-5		8.0%	\$1.63
		(111-1-71165-43500 AR	>		
			Shipping	Cost (C	ustomer's Ca	ototal 20.32 rrier) 0.00 Tax 1.02 PST 1.63 Total \$22.97

Electronic example – Multiple general ledger codes or extra charges – stamp required

Invoices that require **more than one GL code** or **includes extra charges** must contain a **stamp**. Document each general ledger (GL) code with the appropriate pre-tax amount, PST, GST and total amounts allocated to each GL code. Pre-tax Amt and Total columns must also be totaled.

Invoices can be electronically stamped and signed. If you require assistance on how to process invoices using this method, please contact <u>Tara Janeczko</u>. Please note that not all software programs support this method.

		Customer name SOUTHE Nom du client	RN HEALTH SANTE S	500		
- Ma	nitoba dro		4 6399763			
Hy	dro					
			AOÛ 2019			
	24 hour Trouble ca		52			
	la clientèle / ge 24 h sur 24	Due date Aug 28 Date d'échéance	AOÛ 2019			
Winnipeg	204-480-59	00 Cycle number 05 Nº de cycle				
Outside Winnipeg / Extérieur de Winnipeg	1-888-MBHYDF (1-888-624-937	(4)				
Deaf access line Ligne pour malentendo	204-360-61 anis	Account sur	nmary / So	mmair	e du cor	npte
E- Mail address co Adresse électronique	ustomerservice@hydro.mb.	ca Previous charges ar Previous balance / So	nd credits / Frai	s et crédi		
		Payment / Paiement	JUL 91 JUL		-	\$ 360.83 360.83 CR
	d receive your bill and prmation online.	Balance forward / Sol	de reporté			\$ 0.00
www.hydro.	.mb.ca/mybill	New charges / Nou Electricity / Électricité	veaux frais (GST/TPS	\$ 20.42)		1 157 50
	Il el recevez en ligne vo		(03)/1/3	-\$ 2U.42]		\$ 457.52
	nées sur votre compte. .ca/francais/myblil	Amount due / I	Nontant à p	ayer	(S.	457.52
		Due date / Date	e d'échéan	ce Au	g 28 AO(2019
		Code	Pro Fax Amt	PST	GST	Total
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LEDs come in a wide ran Les ampoules à DEL s styles et couleurs.		Code	Pro Fax Amt 204.25	PST	GST	Total
Les ampoules à DEL :		Code 480-1-715701070-43040	Pro Fax Amt 204.25	PST 14.30	GST 10.21	Total 228.76
Les ampoules à DEL :		Code 480-1-715701070-43040 880-1-715521211-43040	Pro Fax Amt 204.25 204.25 408.50	PST 14.30 14.30	GST 10.21	Total 228.76 228.76
Les ampoules à DEL s styles et couleurs.	Payment to / Envoyez la palement par la BOX 7900 STN MAIN INIPEG MB R3C SR1	Code 480-1-715701070-43040 880-1-715521211-43040 Total Invoice Rec'd by/Date	Pro Fax Amt 204.25 204.25 408.50 Appr. by ify amount paid on retu utilize Inclure le taion de Account numbi- 84	PS1' 14.30 14.30 Siguatur	GST 10.21 10.21 e_Proc. by liand enclose will requel le montant ple Proc. by Poien	Total 228.76 228.76 457.52
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Manual example – Multiple general ledger codes or extra charges – stamp required

Invoices that require **more than one GL code** or **includes extra charges** must contain a **stamp**. Document each general ledger (GL) code with the appropriate pre-tax amount, PST, GST and total amounts allocated to each GL code. Pre-tax Amt and Total columns must also be totaled.

The below invoice was manually stamped and coded then scanned into a batch.

If you require a manual stamp, please request one from the accounts payable office.

WASTE MANAGEMENT	Customer II Customer Name Service Period Invoice Date. Invoice Number	2	PORTAGE DISTRIC 04/I	01/19-04/30/1 03/25/201 090537-0635
Details for Service Location: Prtg Dist Douglas Campbell Ldg, 150 9th St SE, 204239600 Prairle Mb R1n 3t6	Cu 16, Portage La	stomer ID:	12-93647-83002	2
Description Fuel / environmental charge Regulatory cost recovery chrg Gst tax 875294844	Date	Ticket	Quantity	Amount 221 5 32.2 46 4
Total charges for service location Details for Service Location: Prtg Dist Lions Prairie Manor, 24 9th St SE, Portage La Prair	Cu	istomer ID:	12-93647-93000	975,48
Description	Date	The	O urset in	
Overage service yards incident# 14226954 Picture taken on 03/04/2019 at Q6:24 am Yicket Total	03/04/19	Ticket 507052	Quantity 1.00	Amount 125 00 0.00 125.00
Overage service yards incident# 14289671 Picture taken on 03/08/2019 at 06:43 am Ticket Total	03/08/19	512171	1.00	125.00 0.00 125.00
Container service plan 6 Yard dumpster service msw Fuel / environmental charge Regulatory cost: recovery chrg Gist tax 376294844	04/01/19 04/01/19		00 î 00 f	19.9(874.1 3753) 54.7 78.7
Total charges for service location Total Current Charges	and a second sec			1,652.86
Tax Summary:	Se	ervice Period	TAX SUMMARY	5,117.68
		Ticket	Quantity	Amount
Description Git tax 876294844	Date		Quantity	243.7
Code Pre-1 [11-1-7]155-91096 23 211-1-71155-91090 [5 221-1-71155-91090 [5 221-1-71155-91090 [5	Tax Amt PST 70.85 74.11 129°° 73.94	GST <u>1/8</u> 57 <u>78</u> 7 <u>46</u> 44 Tota <u>V</u> Proc. by	Total 2489,36 1652.86 975.46 5117.68	243.7

Purchased Agency example – Multiple general ledger codes – stamp required

Purchased Agency (RN, LPN or HCA) invoices must include both **financial and statistical General Ledger (GL) codes**. In the **Code** section of the **stamp**, enter a "**1**" for the **financial** amounts (including mileage) and a "**2**" for the **hours**. Please include all worked hours "(regular and overtime but not travel time). Be sure to break out the GST and have the invoice authorized by the applicable manager. Please see an example below:

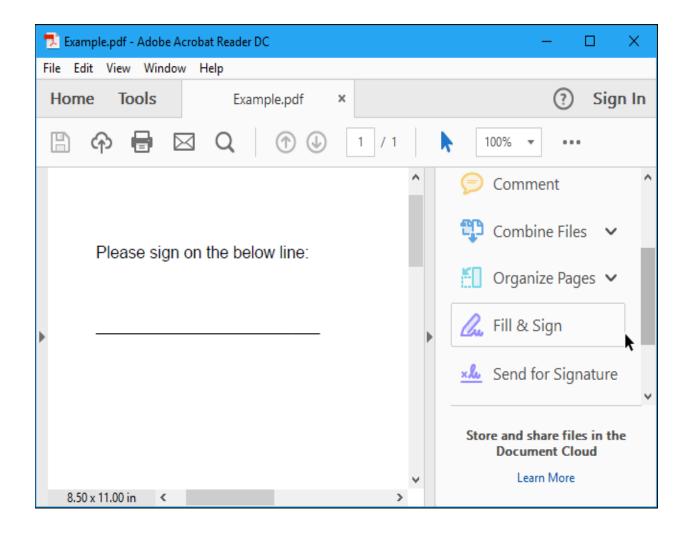
INVOICE TO Janine Lodder Carman Memorial Hospital 07-20-201 s 269-297 4 St SW Carman Manitoba ROG OJO DESCRIPTION QTY Bundle - SRI-IA RN 1 613.65 613.65 RN:RN Work Hours 7.75 J. Vendivil - July 19 - DB RN:RN Travel Time 0.50 J. Vendivil - July 19 De Mileage:SRHA RN Mileage 180 Origin: J. Vendivil • Winnipeg SUBTOTAL 613.65 GST @ 5% 30.69 TOTAL 644.34	Quick Care Ltd 1854 Templeton Avenu Winnipeg MB R2P IT services@quickcareltd.co m GST/HST Registration No	Г З Э	Invoice	e 2315
Bundle - SRI-IA RN 1 613.65 613.65 RN:RN Work Hours 7.75 65.00	Janine Lodder Carman Memorial Hospital 269-297 4 St SW Carman Manitoba ROG	07-20-201 g		
RN:RN Travel Time 0.50 65.00 J. Vendivil - July 19 De Mileage:SRHA RN Mileage 180 0.43 Origin: J. Vendivil • Winnipeg SUBTOTAL 613.65 J. Vendivil • Winnipeg SUBTOTAL 613.65 GST @ 5% 30.69 TOTAL 644.34 TOTAL DUE Code Prc-Tax Amt PST [13-1-71230-35092 613.65 30.69 Thank you	Bundle - SRI-IA RN	1	613.65	
Mileage:SRHA RN Mileage Origin: J. Vendivil • Winnipeg 180 0.43 J. Vendivil • Winnipeg SUBTOTAL 613.65 GST @ 5% 30.69 TOTAL 644.34 TOTAL DUE Code Prc-Tax Amt PST GST Total [13-1-71230-35092 613.65 30.69 \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	RN:RN Travel Time	0.50	65.00	
SUBTOTAL 613.65 GST @ 5% 30.69 TOTAL 644.34 TOTAL DUE Code Prc-Tax Amit PST GoT Total 113-1-71230-35092 613.65 30.69 \$644.34	Mileage:SRHA RN Mileage Origin:	180	0.43	
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TOTAL DUE Code Pro-Tax Amit PST GST Totas GbT Tokai 113-1-71230-35092 613.65 30.69 \$644.34 THANK YOU		GST @ 5%		30.69
Code Pre-Tax Amit PST GST Total GbT Tokai 113-1-71230-35092 613.65 30.69 \$644.34 THANK YOU		TOTAL		644.34
Rec'd. by/Date Jug 1/19 Appr. by Sonature Proc. by Dignature.	113-1-71230-35092 613.65 113-2-71230-35092	GST TO 30.69 \$64	4.34	

In order to set up your electronic signature, you will need to sign on plain white paper and scan it as a picture (jpg).

Please ensure that your signature is thick and dark in order for it to appear clearly.

Please save it in a secure location that only yourself can access. You will need to access it with Adobe Reader for the next step.

In Adobe Reader, open a PDF document that you would like to sign and select the "Fill & Sign" button in the right pane.

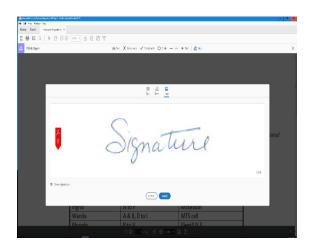


Select the "Sign" button on the toolbar and select "Add Signature".

If you need to add other information to the document, you can use the other buttons on the toolbar to do so. For example, you can type text (Ab button) to add the General Ledger Code.

🔁 Example.pdf - Adobe Acrobat Reader DC	– 🗆 X
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Home Tools Example.pdf ×	? Sign In
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Please sign on the below line:	Add Signature Add Initials Sign in to automatically save your responses for future use. Learn More
	Sign In

Select the "Image" option and insert your jpg signature into the box outlined. Be sure the "Save Signature" check box is marked in the bottom right corner of the window for quick use of your signature in the future.



Once your signature is added and saved, it can be accessed in the future by selecting the "Sign" symbol and by dragging your signature to where you require it. You will then need to save your signed PDF document in order for it to be emailed.

- Please use the current Employee Expense Claim ORG.1310.FORM.001 located on HPS. Updates to the form occur on a regular basis for rate changes, tax changes or improved functionality of the form.
- Completing employee expense claims electronically is preferred as information is clearer and some information is calculated automatically.
- > Please use the same name as payroll on your employee expense claims.
- > Employee Expense claims are to be completed monthly by the claimant.
- Separate Employee Expense claims are to be completed for separate months (i.e. please do not combine months onto one expense claim form).
- > PST and GST should be shown on applicable coding lines:

GST only: mileage, parking, courses PST and GST: meals Other: verify receipts for taxes paid

- All expense claim forms must contain the employee's full name (first and last), employee number and home mailing address. Please use the Employee Expense Claim Checklist on the following page to ensure that you are not missing any information.
- > Forms must be signed by the employee and authorized by his or her manager.
- All MNU expense claims must be sent to <u>Brenda Hiebert</u> for approval and batching. Please do not send MNU claims directly to accounts payable.
- All Regional Orientation expense claims are completed the day of and provided to the facilitator for authorization and processing.
- Incomplete or incorrect expense claims will be returned to the original batcher or approving manager, resulting in delayed payments.

	Employee Expense Claim Checklist	
٦,	Full Name	
	Full home address and email	
L.	Employee Number	
]	Dates	
	Full Descriptions	
L.	Receipts	
	Complete general ledger codes for all expenses	
	Check that totals match	
, r	Employee signature	
	Authorized by manager (printed and signed) with date	

		Employee Expense	Claim (Effe	ective Ju	ıly 1, 20	019)						
	Employee First & Las	t Name						Employee	No. (require	d)		
	Employee Mailing	Address						Date				
	Email Address (for direct deposit no							Has your	address chan	ged?	YE	S/NO
			Gene	ral Ledger	Code				Pre-tax amount	PST	GST	Total
Southern 🚺 Su		on-client)						62300	-		-	-
Southern)) Su Health	Mileage-Client (service	e recipient)						62320	-		-	-
nearth /	Meals-Travel-Stat	f Other						62310	-	-	-	-
/	Other w/GST only (eg Parkg/Course Reg Fe	e/Flat rate)							-		-	-
	Other with PS	T & GST							-	-	-	-
		No Tax							-			-
								Totals	-	-	-	
Date MMDDYY	Purpose/Description	From	То	Mileage Non Client	Mileage Client	Breakfast (max \$7.85)		Dinner (max \$16.70)	Other with GST only	Other with PST & GST	No Tax	Total
												-
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		Total Kilometer	S	0	0	0	kms at	\$0.43	per km		Total	-
										-	e-Non Client	-
											leage-Client	-
					C ¹						Total Claim	-
Signature	Date	4.uthorized Nam	1e (please print)		Signatu	re		Date				
	Please	allow 2-3 weeks for pr	ocessing upo	n receipt	by Accou	nts Pavab	le					
	This is to certify that this claim is as a result							the amount	is accurate.			
	PLEASE NOTE: All applicable origina			-	·	·	÷	·				
		Meal receipts must includ	e number of atte	ndees, purp	ose and dat	te.						
		uthern Health-Santé Sud does	s not reimburse g	gratuities or	alcoholic be	verages.		1	r	r		
nployee Expense Claim OI	RG.1310.FORM.001 July 10, 2019											Page 1 of 1

- Only complete a <u>Miscellaneous Payment Requisition</u> ORG.1311.FORM.004 if there is no invoice available.
- All payment requests should have an invoice from the vendor but occasionally there may be a need to request a payment where no invoice exists.
- Each miscellaneous payment requisition must contain the vendor's name, address, invoice date, invoice number, details of the services or goods received, general ledger code(s), taxes, totals and authorized by a manager.
- Incomplete or incorrect miscellaneous payment requisitions will be returned, resulting in delayed payments.

Southe Healt	rn Santé Sud	MISCELLANEOUS PAYMENT REQUISITION Accounts Payable						
Payee Name Address		Invoice Date: (or end date for services pro Invoice Number: (as shown on invoice or if n number then use MMDDYY)	o invoice					
Date	Details of Services or Goods Provided	Code	Pre-Tax	PST	GST	Total		
						-		
						-		
						-		
						-		
						-		
						-		
		Totals	-	-	-	-		
Prepared by		Authorized Name (please print)	Sign	ature	Da	ite		
Special Instr	uctions:							

Miscellaneous Payment Requisition Example:

- > Please use the <u>Petty Cash Reimbursement Form</u> ORG.1311.PL.001.FORM.03
- The use of petty cash funds should be limited to reimbursement of staff members generally not to exceed \$25, excluding employee travel expenses
- Replenish as required
- > Ensure that each expense has a valid general ledger code
- > Ensure that PST and GST are shown on each coding line, where applicable
- > Receipts for petty cash need to be submitted along with the reimbursement form
- > Please see the Petty Cash ORG.1311.PL.001 policy for further information

U.S. INVOICES

- Invoices to be paid in U.S. funds are to be forwarded to accounts payable in a separate batch marked U.S. funds
- Please ensure that the vendor is requesting payment in U.S. funds even if the vendor address is in the U.S.
- Please ensure that the U.S invoice contains a valid general ledger code and is authorized by a manager

CREDIT NOTES

- Facility or program is responsible to obtain credit notes from suppliers, where applicable, and to continue follow-up action until credit notes are received.
- An invoice awaiting a credit note, whether in full or in part, should be held until credit note is received, and then submitted together in the same batch. Please let accounts payable staff know if you are holding invoices.

CREDIT APPLICATIONS

- A vendor may require a credit application to be completed if we have not used this specific vendor in the past
- Please forward any credit applications required by vendors to <u>Tara Janeczko</u> for completion

- Batches should be prepared at the facility or program level as approved invoices are received and should be submitted minimum weekly to accountspayable@southernhealth.ca
- All batches are numbered and sequential. The first three numbers of a batch number is the facility or program code, followed by "AP", then by the last digit of the fiscal year. With each new fiscal year starting April 1st, it is necessary to modify your batch numbering. As an example, the format to be used for the fiscal year 2019/2020 will be XXXAP0000. For example, your first batch headers in April will begin with XXXAP0001, XXXAP0002, XXXAP0003, etc.
- Scan and email batches to Accounts Payable (AP) with a completed batch header, where the amount of documents are counted and document amounts are totaled (credits not subtracted but rather added as well)
- Batch files scanned to AP are to be renamed the same as the batch number example: File name: 109AP0020.pdf
- Batches are to be approximately 25 documents and can include a variety of invoices. The only invoices that need to be separately batched are **priority** and **U.S. invoices**. Please see those sections for further information.
- Facility or Program needs to document all batches submitted in their <u>Batch Log</u> and assign sequential batch numbers
- > Batches submitted to AP through inter-office mail must be scan ready
- Batches containing Regional Orientation expense claims should be sent with the listing of attendees (list on top of batch)
- > Any special instructions should be noted on the <u>Batch Header</u>

Batch Header Example:

Please see the <u>Accounts Payable Batch Header</u> ORG.1311.PR.001.FORM.01 for you to save and use.

	Accounts Pay	yable Batch Hea	der
Facility or Pro	gram		Batch Prepared by
	Original	Revise	d Reason for Revision
Batch Number			
Batch Date (MMDDYY)			
Month to Post to			
Transaction Total (# of documents)	0		
Hash Total (total of all amounts, do not subtract credits)	0.00		
			t
Accounts Payable - R	eceived Date		Accounts Payable - Posted by / Date
Special Instructions (regarding invoice		hatah) ingluding dup da	
special instructions (regarding invoice	is of creat notes included in	batch) including due da	
]
Name (optional)	Invoice # (optional)	Total (optional)	
			1
]
			4
Transaction Total	0 Hash Total	0.00]

Batch Log Example:

Please see the <u>Accounts Payable Batch Log</u> ORG.1311.PR.001.FORM.02 for you to save and use.

Accounts Payable Batch Log				
Batch Date	Batch Number	Transaction Total (# of documents)	Hash Total (total of all amounts, do not subtract credits)	Scanned to AP

Payable documents that are urgent should be directed to us in a separately-marked priority batch.

Be sure to mark **Priority** on your Batch Header.

Urgent invoices include:

- Date sensitive documents that will be subject to penalties if paid late or that are due within 10 business days
- Overdue invoices
- Utility bills or similar charges
- Petty cash reimbursements
- Any client refunds (i.e. EMS, panel, other)
- Resident trusts

Priority batches should not include employee expense claims.

SUBMITTING BATCHES TO ACCOUNTS PAYABLE

Invoices are coded at the facility or program level and are to be forwarded to the accounts payable department in **batches only**.

Please review all scanned documents before sending to accounts payable to ensure that they are complete and legible.

The recommendation is for sites and programs to **retain original paper batches sent to accounts payable for a period of 30 days** in order to ensure that scans are complete and legible and processed by the accounts payable department.

Please submit all batches (which include Batch Headers, invoices, receipts and other required documents) to <u>accountspayable@southernhealth.ca</u>. **Scanned and emailed batches are preferred.**

If you require a confirmation that your batch has been received, apply the "Request a Read Receipt" option. To include this option to your email, click Options > in the Tracking group > click Request a Read Receipt. Another way to do this is to hit the Alt key then type PQ (one key at a time).