

FMPS 12.2 OCI – iSupplier Invoice Instructions (Temporary Workaround)

City's IT support team is working on the solution to restore the SAVE functionality and will notify, once the functionality is restored and user can save the invoices again.

Workaround/ Resolution: Delegate Agency must start creation of Invoice and Submission in single flow, as they will not be able to SAVE the invoice, for later access.

- **Current System behavior:** Delegate agency has option to Save the invoice and later access the invoice, to submit for payment.
- **Future System behavior (Temp workaround):** Option to Save the invoice is no longer available.

Current System: Save button is displayed, on step 3 of Invoice creation.

Supplier Home | Orders | Shipments | **Finance** | Administration | Manage Supplier Broker

Create Invoices | View Invoices | View Payments | Supplier Information Form

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

Warning
Low-level Diagnostic Logging is turned on. This may temporarily reduce performance.

Create Invoice: Manage Tax Cancel Save Back Step 3 of 4 Next

Personalize Table Layout

<p>Supplier</p> <p>Personalize "Supplier"</p> <ul style="list-style-type: none"> * Supplier LOYOLA UNIVERSITY HEALTH Tax Payer ID 36-1408475 * Remit To B-523215 (EFT X) Address LOYOLA UNIVERSITY MEDICAL CENTER BLDG 106 RM #2646 2160 SOUTH FIRST AVENUE ATTN:PAYROLL MAYWOOD IL 60153 Remit To Bank Account XXXXXX0889 Unique Remittance Identifier Remittance Check Digit 	<p>Invoice</p> <p>Personalize "Invoice"</p> <ul style="list-style-type: none"> * Invoice Number TestCoral15 * Invoice Date 04-Sep-2024 Invoice Type Standard * Currency USD Invoice Description TestCoral15 Date Good/Services Received 04-Sep-2024 Department Number 84 CHICAGO DEPARTMENT OF TRANSPORTATION Web Disclosure Cancellation Reason Attachment None
--	---

After Upgrade (Temp Workaround): Save button is no longer available, on Step 3 of Invoice creation.

Supplier Home | Orders | Shipments | **Finance** | Administration | Manage Supplier Broker

Create Invoices | View Invoices | View Payments | Supplier Information Form

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

Create Invoice: Manage Tax Cancel Back Step 3 of 4 Next

Personalize Table Layout

<p>Supplier</p> <p>Personalize "Supplier"</p> <ul style="list-style-type: none"> * Supplier LOYOLA UNIVERSITY HEALTH Tax Payer ID 36-1408475 * Remit To B-523215 (EFT X) Address LOYOLA UNIVERSITY MEDICAL CENTER BLDG 106 RM #2646 2160 SOUTH FIRST AVENUE ATTN:PAYROLL MAYWOOD IL 60153 Remit To Bank Account XXXXXX0889 Unique Remittance Identifier Remittance Check Digit 	<p>Invoice</p> <p>Personalize "Invoice"</p> <ul style="list-style-type: none"> * Invoice Number Test12-preprod125 * Invoice Date 04-Aug-2024 Invoice Type Standard * Currency USD Invoice Description 04-Aug-2024 Date Good/Services Received 04-Aug-2024 Department Number 84 CHICAGO DEPARTMENT OF TRANSPORTATION Web Disclosure Cancellation Reason Attachment None
<p>Customer</p> <ul style="list-style-type: none"> * Customer Tax Payer ID 36-6005820 Requester Email 	

Current System: Save button is displayed, on step 4 of Invoice creation.

[Create Invoices](#) | [View Invoices](#) | [View Payments](#) | [Supplier Information Form](#)

[Purchase Orders](#) | [Details](#) | [Manage Tax](#) | [Review and Submit](#)

Warning
Low-level Diagnostic Logging is turned on. This may temporarily reduce performance.

Create Invoice: Review and Submit Cancel Save Back Step 4 of 4

Personalize Stack Layout: (CocAcktxtTipRN2)
 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.
 Personalize Table Layout

<p>Supplier</p> <p>Personalize "Supplier"</p> <p>* Supplier LOYOLA UNIVERSITY HEALTH * Tax Payer ID 36-1408475 * Remit To B-523215 (EFT X) * Address LOYOLA UNIVERSITY MEDICAL CENTER BLDG 106 RM #2646 2160 SOUTH FIRST AVENUE ATTN:PAYROLL MAYWOOD IL 60153 * Remit To Bank Account XXXXXX0889 * Unique Remittance Identifier * Remittance Check Digit</p>	<p>Invoice</p> <p>Personalize "Invoice"</p> <p>* Invoice Number TestCoral15 * Invoice Date 04-Sep-2024 * Invoice Type Standard * Currency USD * Invoice Description TestCoral15 * Date Good/Services Received 04-Sep-2024 * Department Number 84</p> <p>CHICAGO DEPARTMENT OF TRANSPORTATION</p>
--	--

After Upgrade (Temp Workaround): Save button is no longer available, on Step 4 of Invoice creation.

[View Invoices](#) | [View Payments](#) | [Supplier Information Form](#)

[Purchase Orders](#) | [Details](#) | [Manage Tax](#) | [Review and Submit](#)

Invoice: Review and Submit Cancel Back Step 4 of 4 Submit

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.

<p>Supplier</p> <p>Personalize "Supplier"</p> <p>* Supplier LOYOLA UNIVERSITY HEALTH * Tax Payer ID 36-1408475 * Remit To B-523215 (EFT X) * Address LOYOLA UNIVERSITY MEDICAL CENTER BLDG 106 RM #2646 2160 SOUTH FIRST AVENUE ATTN:PAYROLL MAYWOOD IL 60153 * Remit To Bank Account XXXXXX0889 * Unique Remittance Identifier * Remittance Check Digit</p>	<p>Invoice</p> <p>Personalize "Invoice"</p> <p>* Invoice Number TestPreprod * Invoice Date 04-Aug-2024 * Invoice Type Standard * Currency USD * Invoice Description 04-Aug-2024 * Date Good/Services Received 04-Aug-2024 * Department Number 84</p> <p>CHICAGO DEPARTMENT OF TRANSPORTATION</p> <p>Web Disclosure * Cancellation Reason * Attachment None</p>
--	---