

**INVOICE AND ACCOUNTS PAYABLE REQUIREMENTS
FOR VENDORS, CONTRACTORS AND SUPPLIERS**

1. DEFINITIONS.

The following terms shall have the meaning set forth below for purposes of this Invoice and Accounts Payable Requirements document:

“Customer” means the Kaiser Permanente customer that is purchasing goods and/or services from Supplier.

“Kaiser Permanente” or *“KP”* means the integrated health care delivery organization doing business as Kaiser Permanente, which includes Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, Inc., Kaiser Permanente Insurance Company, The Permanente Federation, each of the Permanente Medical Groups, and the subsidiaries, partners and successors of the foregoing.

“NUID” is the unique reference number given to each KP employee, which consists of one alphabet letter and six numbers (Example: A123456).

“Purchase Order” or *“PO”* means a purchase order issued by a Customer to Supplier.

“SOW” means a statement of work, work authorization or similar document executed by Supplier and a Customer describing services to be provided by Supplier to a Customer.

“Supplier” means a vendor, contractor or supplier who is providing goods and/or services to Kaiser Permanente.

2. REQUIREMENTS FOR PURCHASE ORDERS

Supplier will only accept a PO from a Customer that contains the full 15-digit purchase order number consisting of five numbers, a dash and ten numbers (Example: 96500-0123456789).

3. PURCHASE ORDER INVOICE REQUIREMENTS

3.1 Purchase Orders for Goods.

All Purchase Order (PO) invoices for goods shall:

- (a) Include a valid PO number with the full 15-digit purchase order number, consisting of five numbers, a dash and ten numbers (Example: 96500-0123456789);
- (b) Include the Supplier name on the invoice that matches the Supplier name on the referenced PO;
- (c) Have all information printed rather than handwritten format;
- (d) Have the dollar amount for each line item on the invoice match the dollar amount for each line item on the referenced PO;
- (e) For invoices that include medical devices subject to the FDA Unique Device Identification (UDI) requirements, PO invoices must include the Global Trade Item number (GTIN#) and Ship To – Global Location Number (GLN) for each device product included in the invoice; and
- (f) Invoices must be delivered to a Customer in accordance with Section 6 below.

3.2 Purchase Orders for Services.

All Purchase Order (PO) invoices for services shall:

- (a) Include all of the requirements described in 3.1 above; and

- (b) Include the name and NUID of the KP employee who placed the order.

4. STATEMENT OF WORK INVOICE REQUIREMENTS

All Statement of Work (SOW) invoices shall:

- (a) Include the SOW Reference Number;
- (b) Include the email address and NUID of the KP employee who will approve the invoice in OneLink¹ as well as the name of the KP Project Manager – both of which should be listed on the first page of the SOW;
- (c) Include the 18 character base general ledger (GL) accounting string that is being charged for this SOW (Example: 9601-30100-8900-59505);
- (d) Contain a detailed description of Services performed sufficient for KP to determine that the Services were provided in accordance with the SOW;
- (e) Provide adequate detail of all incurred and reimbursable expenses;
- (f) Contain all information in printed rather than handwritten format; and
- (g) Invoices must be delivered to a Customer in accordance with Section 6 below.

5. DIRECT INVOICE REQUIREMENTS

All direct invoices shall:

- (a) Include the email address and NUID of the KP employee who will approve the invoice in OneLink;
- (b) Include the name of the KP employee who placed the order;
- (b) Include the 18 character base general ledger (GL) accounting string that is being charged for this invoice (Example: 9601-30100-8900-59505);
- (c) Contain all information in printed rather than handwritten format; and
- (d) Invoices must be delivered to a Customer in accordance with Section 6 below.

6. INVOICE DELIVERY REQUIREMENTS

6.1 General Requirements:

- (a) Unless Supplier is transmitting invoices via an approved e-commerce platform, Supplier will deliver invoices to a Customer as described in this Section 6;
- (b) Invoices must be issued by the Supplier identified in the PO or SOW; Supplier cannot assign its right to invoice to another vendor or third party without Kaiser's written approval;
- (c) For email invoices:
 - make sure that each invoice is a unique attachment to the email. For example, if you need to send 10 invoices, each invoice must be a separate attachment (resulting in 10 attachments) in the email;
 - do not mail a hard copy of the same invoice;
 - do include the words "**VENDOR INVOICE**" in the email subject line; and

¹ "OneLink" is KP's name for its ERP system, which is used to issue POs and approve invoices.

- only send current invoices.
- (d) For mailed invoices, submit invoices on white or very light paper with black text, which will make the image easy to read and process for payment when it is scanned; and
- (e) Supplier can expedite payments by signing up for Automated Clearing House (ACH) payment. Send an e-mail to FSO-ACH@kp.org for details.

6.2 Northern California and Southern California Regions, KPIT and Program Offices

- (a) Email invoices to KP-AP-Invoice@kp.org.
- (b) Need Help? If you have questions or concerns, please email KP-AP-Customer@kp.org, and place “Supplier Inquiry” in the subject line. You can also call a member of our customer service staff at (866) 858-2226.

6.3 Northwest Region

- (a) Option 1- Preferred: Email invoices to Accounts-Payable-NW@kp.org.
- (b) Option 2: Send hard copies of your invoices through the U.S. mail to:
 - *Purchase Order and Direct/SOW Invoices:*
Kaiser Permanente, Attn: Accounts Payable
PO Box 2943
Portland, OR 97208
- (c) Need Help? If you have questions or concerns, please email Accounts-Payable-NW@kp.org, and place “Vendor Inquiry” in the subject line. You can also call a member of our customer service staff at (503) 813-2557.

6.4 Hawaii Region

- (a) Option 1- Preferred: Email invoices to HI-AP-Invoice@kp.org.
- (b) Option 2: Send hard copies of your invoices through the U.S. mail to:
 - *Purchase Order and Direct/SOW Invoices:*
KP Accounts Payable
PO Box 12929
Oakland, CA 94604
- (c) Need Help? If you have questions or concerns, please email HI-AP-Customer@kp.org, and place “Vendor Inquiry” in the subject line. You can also call a member of our customer service staff at (866) 858 2226.

6.5 Colorado Region

- (a) Option 1- Preferred: Email invoices to CO.AccountsPayable@kp.org.
- (b) Option 2: Send hard copies of your invoices through the U.S. mail to:
 - *Purchase Order and Direct/SOW Invoices:*
Kaiser Permanente, Attn: Accounts Payable
P.O. Box 373090
Denver, CO 80237

- (c) Need Help? If you have questions or concerns, please email CO.AccountsPayable@kp.org, and place “Vendor Inquiry” in the subject line. You can also call a member of our customer service staff at (866) 858 2226.

6.6 Georgia Region

- (a) Option 1- Preferred: Email invoices to GA-AP-Invoice@kp.org.
- (b) Option 2: Send hard copies of your invoices through the U.S. mail to:
 - *Purchase Order and Direct/SOW Invoices:*
Kaiser Permanente, Attn: Accounts Payable
P.O. Box 41906
Los Angeles, CA 90041
- (c) Need Help? If you have questions or concerns, please email GA-AP-Customer@kp.org, and place “Vendor Inquiry” in the subject line. You can also call a member of our customer service staff at 866-858-2226.

6.7 Mid-Atlantic States Region

- (a) Option 1- Preferred: Email invoices to MAS-AP-Invoice@kp.org
- (b) Option 2: Send hard copies of your invoices through the U.S. mail to:
 - *Purchase Order and Direct/SOW Invoices:*
Kaiser Permanente, Attn: Accounts Payable
P.O. Box 7023
Pasadena, CA 91109
- (c) Need Help? If you have questions or concerns, please email MAS-AP-Customer@kp.org, and place “Vendor Inquiry” in the subject line. You can also call a member of our customer service staff at (866) 858-2226, Select option 2, then option 4.

6.8 Washington Region

- (a) Option 1- Preferred: Email invoices to KPWA.ap.submittal@kp.org
- (b) Option 2: Send hard copies of your invoices through the U.S. mail to:
 - *Purchase Order and Direct/SOW Invoices:*
Kaiser Permanente, Attn: Accounts Payable
P.O. Box 34919
Seattle, WA 98124
- (c) **KP standard invoice requirements do not apply to KPWA. For all KPWA Invoices:**
 - **Content Requirements:**
 1. PO-related invoices must display the 10-digit KPWA PO Number.
 2. Non-PO-related invoices must display the KPWA contact name (this is the person at KPWA who ordered/authorized the purchase of goods or services) and the KPWA project manager, if applicable.
 3. Contact name, email and phone number of an employee at Supplier’s company, as relates to the invoice.
 4. Remittance address.

- 5. Invoice date.
- 6. Invoice amount.

➤ **Submission Requirements:**

- 1. Submit PDF documents electronically to KPWA.ap.submittal@kp.org.
- 2. Each PDF should only contain one invoice.
- 3. If submitting multiple invoices, please limit each email to 10 invoices/PDF attachments.
- 4. Emails should be converted to plain text before submission.
- 5. Do not include images in the body of the email.

➤ **Preferred Payment Types:**

- ACH
- American Express Buyer Initiated Payments

(c) Need Help? If you have questions or concerns, please email KPWA.ap.customerservice@kp.org, and place “Vendor Inquiry” in the subject line. You can also call a member of our customer service staff at (877) 693-2269.

6.9 National Accounts Payable Contact Information

For any general AP inquiries or questions, please contact National AP at:

NATIONAL AP CONTACT INFORMATION	
AP Central Call Number	(866) 858-2226
AP New Invoices	KP-AP-Invoice@kp.org
AP Inquiries	KP-AP-Customer@kp.org