INVOICE AND PAYMENT REQUIREMENTS FOR VENDORS, CONTRACTORS AND SUPPLIERS

1. INVOICES. The preferred method for invoice submission is via a Kaiser Permanente\(^1\) approved electronic method. For more information, please see the Electronic Invoicing Guide available for review at [http://supplier.kp.org/formsreqs/index.html](http://supplier.kp.org/formsreqs/index.html) or contact KP-AP-ECOMMERCE@KP.ORG.

- **Due to COVID-19** Kaiser Permanente is no longer able to support invoices received via USPS mail.
- See Sample Invoice attached below showing required information.
- All invoices must be billed to a Kaiser Permanente entity, and contain a “remit to” address and a total amount to be processed.
- **Non-Purchase Order** invoices must include a NUID\(^2\). Refer to “A” of Sample Invoice attached below.
- **Purchase Order** invoices must include the complete 15-digit purchase order numbers and only bill KP one invoice per PO. Invoices received with multiple PO#’s on the same invoice will be rejected. Refer to “B” of Sample Invoice attached below.
- All invoices must include the vendor’s email address.
- **Note:** Incomplete information will result in invoice being returned to vendor and could result in delay in payment.

2. PAYMENTS. The preferred method for payment is ACH. To enroll, email KAIER-ESETTLEMENTS@KP.ORG.

- **sPro Payment Submission Process** - If a vendor is set up and enabled in the KP OneLink Services Procurement (sPro) system, then the vendor must submit invoices using the sPro payment submission process, and invoices submitted in any other manner may be delayed or rejected.

3. QUESTIONS. Any questions with invoicing or payment requirements - please contact our customer service team at KP-AP-CUSTOMER@KP.ORG.

---

\(^1\) “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.

\(^2\) “NUID” is the unique reference number given to each KP employee, which consists of one alphabet letter and six numbers (Example: A123456).
### Sample Invoice:

**Company Name**

Street Address  
City, ST ZIP Code  
Phone  
Email | Website

**TO**

**Kaiser Entity**

Street Address  
City, ST ZIP Code  
Phone Enter phone  
Email | Website

**FOR**

Project or service description  
P.O. #

**NON-PO:** Approver Name & NUID  
GL String

### Description | Amount
--- | ---
Enter description 1 | Enter amount
Enter description 2 | Enter amount
Enter description 3 | Enter amount
Enter description 4 | Enter amount
Enter description 5 | Enter amount
Enter description 6 | Enter amount
Enter description 7 | Enter amount
**Total** | **Total Amount**

Make all checks payable to **Company Name**  
Payment is due within 30 days.

**Remit Address:**

Street Address  
City, ST ZIP Code

If you have any questions concerning this Invoice, contact Name | Phone | Email

THANK YOU FOR YOUR BUSINESS!