

INVOICE AND PAYMENT REQUIREMENTS FOR VENDORS, CONTRACTORS AND SUPPLIERS

1. **INVOICES.** The preferred method for invoice submission is via a Kaiser Permanente¹ approved **electronic method**. For more information, please see the Electronic Invoicing Guide available for review at <http://supplier.kp.org/formsregs/index.html>.
 - **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, contain a “remit to” address, and include a total amount to be processed.
 - **Non-Purchase Order** invoices must include: (i) approver’s name plus NUID², and (ii) GL string. 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.
 - **Brokers:** ACH payments are available via eSettlements. Initiate setup request by emailing Kaiser-essettlements@kp.org
 - **Other vendor types:** Vendors are required to self-register in KPVM Portal. To request access to the portal, initiate request via your KP contact or email KP-VendorPortal-Support@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. Invoices submitted in any other manner will be 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 Enter phone
Email | Website

TO
Kaiser Entity
Street Address
City, ST ZIP Code
Phone Enter phone |

INVOICE

INVOICE # Invoice No
DATE Invoice Date

FOR Project or service description
B P.O. # P.O. #

A 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!