

## GOVERNMENT OF NEWFOUNDLAND AND LABRADOR DEPARTMENT OF FINANCE

# <u>Financial Management System</u> <u>Request to Upload Invoices to Oracle Accounts Payable</u>

Department Name:	Date:
Contact Name:	
e-mail address:	
Phone Number:	
Approved By:	
(Director of Financial Operations)	
Departmental System / Program Name:	
Is this a regular vendor or one-time vendor upload	?
What is the anticipated volume of invoices to be up	bloaded?
Are Cheques required to be segregated for special l	handling?
What is the frequency of the Upload?	
What is the required go live date?	
Does the Department require use of Descriptive Fle If "Yes", provide details:	
Any other comments, requirements, etc (confidenti	ality issues etc.)
Any questions, please contact: Ann Marie Miller (ext 6530) or Diane Hill (ext 565 Operational Management and Strategic Planning D	· · · · · · · · · · · · · · · · · · ·
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Comptroller General's Office, Approval to proceed with d	levelopment of Departmental Upload to Oracle AP
Approved by:	Approved Date:
(Director of Govt Accting or Manager of OMSP division)	Form OCG302

## Instructions for Completing the Request to Upload Invoices To Oracle Accounts Payable

## 1. General:

The Comptroller General's Office has created a FMS Portal Database, which is an Oracle Database located on a central server available to all departments.

The purpose of the Portal Database is to import invoice transactions electronically from third party systems to Oracle Financials. Transactions flow through the Portal Database from external systems where a series of validation steps are performed. The validated transactions are then uploaded to Oracle Financials.

To request an Electronic Upload of Invoices into the Oracle Financials (Oracle Accounts Payable) the **Request to Upload Invoices To Oracle Accounts Payable** form must be completed as per the following:

## 2. Department Name:

Self explanatory

**3. Date:** Self explanatory

#### 4. Contact Name:

This should be the name of the departmental technical resource, responsible for the development of the program that will function to upload invoices from their system into the required tables in the FMS Portal Database.

## 5. e-mail address:

This should be the e-mail address of the technical resource

#### 6. Phone Number:

This should be the phone number of the technical resource

## 7. Approved By:

This should be signed by the Director of Financial Operations

#### 8. Departmental System / Program Name:

Self explanatory (ie: Department of Health and Community Services / MCP Doctor's Payroll)

## 9. Is this a regular vendor or one-time vendor upload?

Self explanatory

## 10. What is the anticipated volume of invoices to be uploaded?

Self explanatory

## 11. Are cheques required to be segregated for special handling?

For example, if there is a requirement to have the cheques for this program grouped together for printing & distribution purposes.

## **12.** What is the required go live date?

It is important to identify the absolute latest date this program will need to be developed, tested and in production.

## **13.** Does the Department require use of Descriptive Flexfields? If "Yes", provide details?

If the department is uploading invoices for regular vendors and they wish to capture additional information, they may request to use up to a maximum of seven additional fields for their own purposes by documenting their requirements in this section.

#### 14. Any other Comments, requirements, etc (confidentiality issues etc.)

For example, if the invoices being uploaded are sensitive or confidential and should not be viewed across departments, use this section to provide information.

#### 15. Approved By:

This should be signed by the Director of Govt Accounting or Manager of OMSP Division

#### **16. Approved Date:**

Self explanatory