MOUNT SINAI HEALTH SYSTEM:

MOUNT SINAI HOSPITAL

MOUNT SINAI HOSPITAL OF QUEENS

ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI

Accounts Payable

GUIDE

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Accounts Payable Guide

Qualifying Invoice Payment:

1. **An official invoice**: The invoice must contain the Letter Head or Logo of the vendor; Invoice Date; Invoice Number; Purchase Order Number; Billed To Mount Sinai with Address; Detailed description of services rendered/products provided; Invoice Total Amount and Vendor's Remit To Address. Another Invoice that is internally used when a consultant cannot provide an official invoice is the Mount Sinai Outside Consultant Services Invoice. This may only be used for consultants rendering services. (Please See attached).

2. **A valid purchase order**: An approved purchase order with sufficient funds. A purchase order/ contract can be initiated on Sinai Central under Finance>Transactions>New. Please contact the Purchasing Department for questions regarding the approval process. Please DO NOT attach invoices to PO's, Accounts Payable does not receive them.

3. **Approval to pay the Invoice**: Authorization To Pay an Invoice is required from the requesting department either systematically (Sinai Central), via email or handwritten on the actual invoice.

4. **Special Handling Instructions**: If the requesting party requires the check be returned to them, it may be either handwritten on the invoice or communicated to the A/P Clerk. If an invoice is sent to the requesting party for approval and the requesting party enters a "comment" to have the check returned back to them before they approved the invoice, the special instructions will not be applied and payment will be disbursed as indicated prior to approval. Communication with the A/P Clerk outside of Sinai Central is highly recommended at this point.

Standard Turnaround Time: The standard turnaround time for processing a vendor invoice is two weeks. Payment will be made Net 30 days from the invoice date for School of Medicine invoices and Net 90 days for Hospital invoices unless negotiated otherwise. A consultant invoice will be paid in Net 1 day after processing. (*Please Note: There are only two check cycles for the week: Tuesday and Thursday. Finance also schedules a check run for the first of every month.)

Please mail all Invoices to:

The Mount Sinai Hospital   **Icahn School of Medicine at Mount Sinai**
1 Gustave L. Levy Place   **1 Gustave L. Levy Place**
Box 7000   **Box 1662**
New York, NY 10029   **New York, NY 10029**

The Mount Sinai Hospital of Queens
1 Gustave L. Levy Place
Box 7000
New York, NY 10029

Please be sure to include our purchase order number on all invoices for accurate/timely processing.

Invoices can also be emailed directly into the Accounts Payable processing module:

<u>**The invoice submission emails are:**</u>

Mount Sinai Hospital Invoices: APInvoices@mountsinai.org (PO# starts with H,M or 3)

Mount Sinai School of Medicine Invoices: AccountsPayableSM@mountsinai.org (PO# starts with S)

Mount Sinai Hospital of Queens Invoices: AccountsPayableQ@mountsinai.org (PO# starts with W, Q)

Please make every effort to reference a valid PO to charge on the account at the time of ordering so payments can be made timely. The criteria for email submission are one invoice per PDF file. We do not support multi-invoice PDF's or payment inquiries/notices/statements at these email accounts. This is strictly for invoices not phone bills/shipping bills/utility bills. If more than one invoice is being submitted, they can all be sent on one email but with separate PDF's attached. Please do not attach file extensions with tif ,jpg, doc, xls, csv, etc.

Please send monthly statements via Excel spreadsheet of all open/past due items via email. Mount Sinai offers accelerated pay terms via American Express and is capable of receiving electronic invoices via EDI transmission through our partnership with the Global Healthcare Exchange (GHX). If interested in any of these offers, please contact your Accounts Payable representative for further information.

<u>Qualifying Check Request Payment:</u>

An online Check Request form is used to pay for certain goods and/or services not ordinarily handled through the Purchasing Department or ordered on a Purchase Order. Properly approved Check Requests are required for the following types of transactions:

- Payments where no invoice is issued.
- Advance payments for fixed price items.

The following are examples of items for which a Check Request is the proper vehicle for payment. Please direct questions regarding specific items or charges to Accounts Payable.

- Payments to Individuals: Only for student refunds, scholarships, honoraria, royalties, no services/award program payments, etc.
- One-time payments to an individual for services or consulting under $500 accompanied with a signed HR 2.2 Policy form.
- Special Services: legal settlements and some miscellaneous services
- Fixed Price Items: subscriptions, seminar or conference registrations, university authorized dues and authorized membership fees.

A Purchase Order is required for the following examples:

- One-time Consultant payments exceed $500 (also requires an HR 2.2 policy form)
- Advanced/Deposit payments for Events, etc.

A Check Request cannot be used for the purchase of capital items, employee reimbursement, or to process an Official Invoice, Utility bills and Courier Service bills regardless of the amount.

Standard Turnaround Time: The standard turnaround time for processing a Check Request is 1- 1 ½ weeks. Payment will be made Net 1 day after processing. (*Please Note: There are only two check cycles for the week: Tuesday & Thursday. Finance also schedules a check run for the first of every month.)

Qualifying Employee Reimbursement Request:

An Online Employee Reimbursement allows employees to submit their requests online and receive their reimbursement in their paycheck. (Note: The reimbursement is not taxed). This enhancement affects Weekly, Biweekly & Monthly employees.

- Please be as detailed as possible when entering the line descriptions and upload or mail in all applicable itemized receipts/proof of payment.
- When planning on purchasing capital equipment please contact the Purchasing Department first before buying. If capital equipment is already purchased, please submit a check request and PO payable to employee. The purchase order will be used for Mount Sinai monitoring purposes.
- Taxes may not also be reimbursed, depending on the State in which the purchase was made/shipped to. Please check in with the A/P Clerk for all available Sales and Use Tax Exempt Certificates.
- As with Check Request, there is no dollar limit associated to Employee Reimbursement.
- Travel-related expenses will continue to be submitted via the Travel Request and Travel Voucher forms. The system will generate an Employee Reimbursement transaction for Weekly/Bi-Weekly employees and a Check Request for all Monthly/Executive employees.

* Please do not submit a Check Request/Petty Cash for employee reimbursement. It will be denied.

Please visit the General Accounting Page to view the Employee Reimbursement Policy online. http://icahn.mssm.edu/about-us/services-and-resources/finance/general-accounting

For questions about the Employee Reimbursement transaction (e.g. when it is appropriate, who is eligible, etc.) please contact Diana Nanan in Finance at diana.nanan@mountsinai.org or via phone at (646) 605-4083.

For questions about getting access to funds, configuring department-level financial policies, etc. speak to your designated contact person in Finance:

- School faculty and staff should contact Colleen Seymour at colleen.seymour@mountsinai.org or (646) 605-4005.
- Hospital employees and staff should contact Glen Lee at Glen.Lee@mountsinai.org (646) 605-4104.

Standard Turnaround Time: The standard turnaround time for processing an Employee Reimbursement is 1- 1 ½ weeks. Payments can be tracked under Employee Self Service in Sinai Central > Payroll Online>Employee Reimbursement; on the Employee's paystub; or by searching the transaction number if you have access rights.

Mount Sinai Travel Management Program: Axiom

For all Business Travel arrangements prior to travel, please visit the
Mount Sinai Business Travel website, Axiom:

https://mountsinaitravel.axo20.com

For help booking online and/or questions please contact:

Glenda Sandoval
Axiom Program Administrator
Tel: 646-605-4066
glenda.sandoval@mountsinai.org

Travel Request/Travel Voucher:

Travel Requests and Vouchers are used for employees who must travel on official
business (non-local travel only).

BEFORE THE TRAVELER GOES ON THE TRIP...

> 1. Traveler (or a Requester on behalf of the Traveler) submits a travel request

> 2. Request is approved by any or all of the following:

> - Fund Owner (depending upon fund policies)
> - Department (depending upon departmental policies)
> - Dean's Office (for foreign travel)
> - Finance (depending upon policies)

Once the Travel Request is approved, Finance Department issues checks for any prepayments and
advances. If the Traveler is submitting the Travel Request only to be covered by Mount Sinai's travel
insurance, the request goes through the approvals and no subsequent voucher is necessary.

AFTER THE TRAVEL IS COMPLETED.....

> 1. The Requester submits the voucher and original receipts [receipts are required] to Finance.

Once approved, an Employee Reimbursement will be generated instead of a check request.

Petty Cash Voucher

Petty cash reimbursements should be for amounts under $200. Receipts for the same activity exceeding $200 cannot be split among multiple vouchers to circumvent the $200 limitation.

Appropriate Uses for Petty Cash Reimbursement

1. Replenishment of Departmental Petty Cash for business expenses.

2. Study Participants Local Transportation and Meals Reimbursement. Please also refer to the attached "Subject Fee Payment Form" for study participants recruited under special circumstances.

The following are items that need to be documented properly on a petty cash voucher in order to be reimbursed by the cashier.

*   Explanation of the expenditure, including the specific names of the personnel involved and the business purpose ("Description" on voucher)
*   Account Code, including the proper fund and object code;
*   Evidence of Expenditure, all original receipts indicating the business name.

Main Cashier General Information
Location:
Guggenheim Pavilion First Floor (across ATM machines)
Hours of Operation:
Monday thru Friday 9:00AM to 5:00PM
Petty Cash Reimbursement hours:
Monday thru Friday 9:00AM to 4:30PM
Telephone:
(212) 241 6745
(212) 241 6329

Communication to A/P & Chain of Command for Escalated Issues:

The Accounts Payable Department assists Mount Sinai Hospital, Mount Sinai Hospital of Queens and the Icahn School of Medicine at Mount Sinai faculty and administrative staff in meeting their operational needs by disbursing payments to vendors and reimbursements to employees in a responsible and timely manner. Our team recognizes the importance of and strives to build and maintain positive relationships. We also seek to maximize effective cash management and comply satisfactorily with all applicable rules and regulations. A detailed contact list is attached for your reference. If an A/P Clerk is out of the office, please refer to the clerk's away message for backup contact information.

Should there be any conflict or uncomfortable concerns. Please escalate as follows:

1. Diana Nanan   Manager   646.605.4083   Diana.Nanan@mountsinai.org

2. Joe DeBaun   Sr. Manager   646.605.4065   Joseph.DeBaun@mountsinai.org

3. Fred Berardinone   Finance Director   212.731.3422   Fred.Berardinone@mountsinai.org

A/P FAQ's

1. Please do not electronically attach an invoice to a purchase order in Sinai Central. Accounts Payable does not monitor purchase orders and will not be aware of the invoice.

2. Please be sure to submit an official invoice along with an approved purchase order in order to process payment to the vendor. A proforma/quote invoice is not an official invoice.

3. Please be sure to contact the correct Accounts Payable clerk for payment status. The list below refers to the clerk handling the first letter of the vendor name.

4. Please do not submit a Check Request if the vendor has provided an official invoice. A check request will not expedite payment. The check request will be denied and the payment will be processed off of the Invoice and PO.

5. If the official invoice is received by your department directly from the vendor, please hand write the PO number, "Ok to Pay" and approve the payment by legibly signing and printing your name on the invoice if you are authorized to do so. Then forward to Accounts Payable at the respective Box numbers.

6. Please contact Accounts Payable Clerks directly for any questions/concerns at the information provided in the contact list below.

Hours of Operation:

Monday thru Friday 8:00AM to 5:00PM

Accounts Payable Contact List:

Fred Berardinone   23422   Director of Finance

Joe DeBaun   64065   Sr. Manager

Diana Nanan   64083   AP Manager   Fax # 646-605-3055

Robin Osterlund   64075   Assistant Manager

Glenda Sandoval   64066   Corporate Card &
Axiom Program Administrator

Contact List for Hospital Accounts Payable: Extension 6 externally is 646-605-XXXX

A/P Clerk:	Phone #	Accounts starting with:
MARLENE CARNEGIE	64072	A, J, P, Z
AMRITA PERSAUD	64073	B, F, G, I
MYRNA MENDOZA	64068	C, X, Y
SUZIE HEARTFIELD	64067	Medline, Medtronic, Metro Blood, NY Blood
MONIQUE PEARSON	64074	S, T
JUERNINE CULVER	64069	**Queens Invoices**
YOLANDA DELEON	64071	K, L, N, O, Q, R, U, V, W
YOLANDA GOMEZ	64070	D, E, H, M
WENDY RAMASAR	64077	CHECK REQUESTS/TRAVEL/SHIPPERS/ UTILITIES (EXCEPT VERIZON)

Contact List for School of Medicine Accounts Payable:

A/P Clerk:	Phone #	Accounts starting with:
ANTONIA RAMOS	64080	J, K, L, M, N, O, T, U
PATRICIA BRYANT	64081	C, P, R, S, Y, Q, X, Z
SADHANA KANHAI	64076	B, H, E, F, V, W
EDWIN MALDONADO	64078	A, G, I, D
WENDY RAMASAR	64077	CHECK REQUESTS/TRAVEL/ SHIPPERS / UTILITIES (EXCEPT VERIZON)

OUTSIDE/CONSULTANT SERVICES INVOICE

PO#: _____   *

Name: _____   *

Inv. Date: _____   *

Zip Code: _____   *

Invoice #: _____   *

Coding Classification: _____   *

Should this payment be returned to the Department?

YES OR NO If yes, Note: **Name: _____**

                                    Box or Ext#: _____

SEVICE DESCRIPTION:

Circle One: **Weekly**   **Bi-Weekly**   **Monthly**   **Per Project**

Days   **S**   **M**   **T**   **W**   **Th**   **Fri**   **Sat**   **Wk Ending**

Dates   ___   ___   ___   ___   ___   ___   ___   _____

Hours   ___   ___   ___   ___   ___   ___   ___   _____

Worked   ___   ___   ___   ___   ___   ___   ___   _____

Rate of Pay: _____   **Total $Amt: _____**

_____   _____

Authorized Signature   **Consultant's Signature**

_____   _____

Print Name   **SSN or Fed Tax ID #**

To: Raj Appavu
        Director of Sponsored Projects Accounting

From: _____
        (Name of PI and Department Administrator)

Date: _____

Dr. _____ will be conducting a project sponsored by the _____ which will require her/him to recruit participants for the study. The participants will be reimbursed according to the School's petty cash policy. However, because of the special circumstances associated with the study, as described in the attachment, petty cash will be used to reimburse each participant $_____ per session. Petty cash vouchers will be presented for the amounts that will be required to pay the subjects. These vouchers will be signed by <u>Name of PI and Department Administrator</u>.

Dr. _____ will require approximately $_____ per week/month to distribute to these participants and will provide a list of names of the subjects to <u>name of administrator</u> who will be maintaining the accounting for the participant fees according to the attached subject fee payment form. The completed subject fee payment forms will be forwarded to Sponsored Projects Accounting to provide support documentation for the fees.

In accordance with IRS regulations, we confirm that no study participant will be paid subject fees exceeding $600 per calendar year.

Thank you.

Cc: Mr. Steve Harvey

Mount Sinai School of Medicine

Subject Fee Payment Form

Department: _____

Account No: _____

Principal Investigator: _____

Project Title: _____

Department Administrator: _____

GCO Project No: _____

CHECK: Reimbursement ☐

No.	Subject Name/ID	Subject's SS Number	Date of Encounter	Amount	Date Paid	Subject's Signature
1						
2						
3						
4						
5						
			Total			

I certify that the above subjects are for the referenced project only and were seen on the dates listed. I approve the request for payment of the subject fee. In accordance to comply with IRS regulations, we confirm that no subject was paid an amount exceeding $600 per calendar year.

_____   _____

 Principal Investigator   Department Administrator