

<u>COUPA SUPPLIER PORTAL (CSP) GUIDE:</u> <u>Onboarding Steps</u>

You will receive an email from @supplier.coupahost.com domain. Check your spam if you do not see it. Click on Join and Respond.

Neighborhood Healthcare Profile Information Request - Action Required
Coupa Supplier Portal <do_not_reply@supplier.coupahost.com> To:</do_not_reply@supplier.coupahost.com>
Powered by COUPA
neighborhood
Neighborhood Healthcare Profile Information Request - Action Required
Hello,
Neighborhood Healthcare is requesting additional information from you to officially become a NH approved supplier.
The process requests you to fill out the form within the Coupa Supplier Portal. The Coupa Supplier Portal is completely free, setup is fast with your email, and it helps communicate securely electronically. Joining allows you to update your company information more easily if it ever changes, as well as do things with Neighborhood Healthcare (and your other buying organizations that use Coupa) like view purchase orders, create invoices, manage POs and invoices, get real-time SMS alerts, and much more.
Find out more using the links below.
Use the buttons to either respond or forward this request to another person at your company.
Once the form is filled out and submitted, it will be automatically forwarded to the Neighborhood Purchasing and Accounts Payable team for review. If there are any questions, we will directly communicate with you within the portal. You will receive an email notification as well.
Please feel free to contact us by sending an email to purchasing@nhcare.org and CC ap@nhcare.org with any questions you may have with proceeding. Thank you!
Join and Respond

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Please reach out to <u>Purchasing@nhcare.org</u> and <u>AP@nhcare.org</u> with any questions Page 1 of 10 You will begin filling out the required fields indicated by a red asterisk. Please verify your business name, your Accounting contact, the role within the business you hold, and create a password to use going forward. If this should be filled out by a different person within your business, you would click on "Forward this to someone" at the bottom.

neighborhood	Create an Account Neighborhood Healthcare is using Coupa, a trusted partner.
	* Business Name
	_CoupaCSPTest
	Your legal business name (or legal personal name if an individual)
	* Email
	fochoanhcaretest@gmail.com
	First Name Last Name
	* Role Something else ✓ Account Representative
	Password Confirm Password
	Ø)
	Use at least 8 characters and include a number and a letter.
	I accept the Privacy Policy and the Terms of Use
	Create an Account
	Already have an account? LOG IN
	Forward this to someone

After creating a password, it will take you to continue filling out the Form with the requested information. Please make sure to include the following:

- Legal Name-Only enter the legal name if the company identifies itself to have a DBA and is different than legal name on the W-9.
- Address-This would be the main address for the company.
- **PO Email**-Please enter the email that approved Purchase Orders should be emailed to.
 - \circ $\;$ Note that this can be the same email as the main login.
- **Remittance Contact Email**-This email is where all payment remittances will be sent once invoices are paid. Note that this can be the same email as the main login.
- Website-Please enter the main company website, if any.

- Federal Tax ID-Tax ID for company. Incorporated companies are not required to attach W-9. Sole Proprietors, LLCs, and Partnerships are required to attach filled out W-9. Any W-9 not filled out in its entirety and signed will be rejected and sent back to you.
- **Certificate of Insurance**-Please provide your insurance certificate if required by Neighborhood per prior communication. Please reach out to <u>purchasing@nhcare.org</u> with questions or concerns about whether this is a requirement or not.

the second se	a supplier	portal						FRANCISCO	 NOTIFI 	CATIONS 1	HELP ~
Home	Profile (Orders	Service/Time Sheets	ASN	Invoices	Catalogs	Business Performance	Sourcing	Add-ons	Setup	
Your Profi	le Information	n Requests									
Neigh	nborhood	Health	care				Profile	Neighborhood	Healthcare		¥
	Supplier	Information	_CoupaCSPTest							0	
			Supplier Inform	natior	n Form						
	* Supplier N	lame (DBA)	_CoupaCSPTest								
	Legal Name	(if Different than DBA)	Enter Legal Name if Different t	han DBA							
	* Primary	Address	-								
	Addr	ess Purpose	P Select Some Options			0					
		* Region	1								
	Cou	untry/Region State Region	Select an Option	Ŷ		~					
	Ad	Idress Name	3								

* PO Email * Remittance Contact Email	
* Website	
TODOILO	
* Federal Tax ID	
Signed W-9 Form	
Туре	~
Attachments	Add File
∗Remit-To Addr	resses
Add one or more Remit-To	Addresses by either filling out a new Compliant Invoicing Form or choosing an Existing Remit-To Address.
Add Remit-To	
* Voided Check/Bar	nk Account and Routing Verification
* Attachments	Add File
Please attach bank letter or void	led check to verify routing and account number
Certificate of Insurance	Choose File No file chosen
	Please include workers compensation insurance if applicable

You will then be requested to add your remit to (payment preference). Click on "Add Remit-To". *Please note, before proceeding, it might request you to set up your two-factor authentication first. You can download the Microsoft Authenticator App on your phone or the Google Authenticator and follow the steps on the screen.

Choose Remit-To Address	>
This customer requires you to choose a Remit-To Address that includes payment information.	
Choose existing or create new Remit-To Address:	
4	•
Create New Remit-To Address	
Cancel	

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Please reach out to <u>Purchasing@nhcare.org</u> and <u>AP@nhcare.org</u> with any questions Page 4 of 10 Enter the Remit to Address associated with where your company payments are being received and click on "Save and Continue".

Which customers do you v	vant to see this?	
☑ All ☑ Neighborhood H	iealthcare 💼	
What address do you invo	ice from?	
* Address Line 1 Address Line 2 * City State	Select an Option	REQUIRED FOR INVOICING Enter the registered address of your legal entity. This is the
* Postal Code Country/Region	United States	same location where you receive government documents.
	✓ Use this for Ship From address ()	

After entering your address, it will take you to the next screen where you will choose one of the following:



Virtual Card- Accept American Express without any fees? Great! This is our preferred fastest method to get payment on invoices with possible shorter payment terms. You will be issued an American Express one-time virtual card to run through your processor for the invoices included in the remittance. This will be sent securely to the email you indicate.

Bank Account- This is our second preferred method. Payments will be deposited to your bank account directly. You will receive email when payment is processed as well as electronic remittance. Please follow the "Bank Remit To" steps below.

Address- This is an alternative method when the Bank or Virtual Card are not an option for your company. Selecting this method means you will enter your normal mailing address and a Digital Check will be sent to you to download from the portal directly. You will then print, endorse, and deposit like you would any other check.

Bank Remit To: Enter your ACH payment information and attach a copy of a voided check/document from your bank that verifies your bank routing number and account number. This is needed for security and verification purposes. Bank information will only be visible to the designated Neighborhood team member verifying the information and will not be shared with anyone else. It is also stored and secured within the portal with Coupa's security Two Factor Authentication feature.

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•Remit-To Addresses
Add one or more Remit-To Addresses by either filling out a new Compliant Invoicing Form or choosing an Existing Remit-To Address.
Add Remit-To
* Voided Check/Bank Account and Routing Verification
* Attachments Add File
Please attach bank letter or voided check to verify routing and account number
Certificate of Insurance Choose File No file chosen
Please include workers compensation insurance if applicable
Click and Save these guides to reference CSP_GuideLogin_and_Home_Page
while navigating the CSP_GuideInvoice_CreationPO
CSP_GuideLook_Up_PaymentsR

Next step will be to enter the bank details. Supporting document can be attached here but is not required in this step. It will be required to attach in its own section when you get back to the main form. ***Make sure to check the box** "My Bank does not have a BIC code" since this will be an ACH payment, not wire. Once entered, click on "Save and Continue".

* Payment Type Bank Accou	nt 🗸	
What are your Bank Acco	unt Details? 🥡	
Bank Account Country/Region:	United States	~
Bank Account Currency:	USD	~
Beneficiary Name:	_CoupaCSP Test	
Bank Name:		
Account Number:		
Confirm Account Number:		
ACH Routing Number:		0
Wire Routing Number:		
SWIFT/BIC Code:		0
	My bank does not have a BIC code	
Branch Code:		
Bank Account Type:	Business	~
Supporting Documents	Choose Files No file chosen (i	

Coupa Guide: Onboarding Steps (v.06.2023) Please reach out to <u>Purchasing@nhcare.org</u> and <u>AP@nhcare.org</u> with any questions Page 6 of 10 You will then need to attest to the statement by clicking on the checkbox for your payment option and attach the supporting document mentioned above.

By clicking the checkbox below, I hereby attest that the banking information entered above is correct to the best of my knowledge and matches the attached voided check/documentation from bank. I also authorize Neighborhood Healthcare to originate electronic credit transactions to my bank or credit union account indicated above. If necessary, Neighborhood Healthcare may make deductions from my account for any payments credited to my account in error. This authority is to remain in full effect until Neighborhood Healthcare has received written notification from company/organization authorized representative of its termination prior to payment. *I have read, 🗌 understand, and agree to authorize per above statement for ACH/Direct Bank payments * Voided Check/Bank Account and Routing Verification * Attachments Add File

There will be an option to attach COI (Certificate of Insurance) if it is applicable. If not applicable, please skip and move to the next section. For further information if this is applicable, please visit our website using this <u>LINK</u> and review New Supplier Resources section.

Make sure to save copies of the provided quick guides. These are essential to download and have for future reference on how to navigate the Home Page of the portal, how to invoice us electronically from a PO or non-PO and check on the payment status of invoices within the portal.



Once all required fields and guides are downloaded, you are ready to submit them to Neighborhood for final review and approval. Scroll to bottom and leave the Neighborhood Internal Fields blank. Click on "Submit for Approval". If any information is missing, it will prompt with a red banner on top with the name of the section and action needed.

	Neighborhood Healthcare - Internal Fields
	The fields listed below are to be filled out by the Neighborhood Healthcare team when supplier required fields above are filled out and submitted.
RTZ Vendor [Purchasing]	0
Supplier Vetting [Purchasing]	Sam.gov SOS BBB Company's Website
Preferred or Sole Source? [Purchasing]	~
Is a Signed Contract/Agreement Required [Purchasing]	Select 🗸
GP Vendor Class [AP]	~
GP Payment Priority [AP]	✓
AP TIN check ompleted on Website? [AP]	
Payment Terms [AP]	~ ~
	Decline Save Submit for Approval

*If at any time you are logged out and need to log back in during the process, please follow the steps below. It also includes quick navigation of the Home Page overview.

Login Page: After you have completed the initial account creation, you can login by going to **supplier.coupahost.com** and enter your email address and password under the **Log In** pane.

🔅 coupa supplier p	portal
	Log in Sign up
	Login to your Coupa account
	Email Address supplier@sample.com
	Password Enter password
	Forgot Password?
	Log in

Coupa Guide: Onboarding Steps (v.06.2023) Please reach out to <u>Purchasing@nhcare.org</u> and <u>AP@nhcare.org</u> with any questions Page 8 of 10 **Forgot Password:** If you forgot your password, then simply click the Forgot Password button to proceed.

Email Address	
supplier@sample.com	
Password	
Enter password	
Forgot Password?	
Log in	

You should then be prompted to provide your email address and select the security checkbox. Afterwards you will be sent a link to reset your password and you will get a message as shown below.

	🗱 coupa supplier portal
If the user exists, password reset instr	uctions will have been sent to supplier@sample.com. If you have not received an email within ten minutes, check your spam folder.
	Provide your email address and we'll send you a link to reset your password.

Once logged in, you can access the form again by going to your notifications and clicking on the latest message on top. It should read something along the lines of "Update your profile..." or similar message that includes finishing your profile.

Coupa supplier portal FRANCISCO VOTIFICATIONS HELP V									
Home	Profile	Orders	Service/Time Sheets	ASN	Invoices	Catalogs	Payments	Business Performance	Sourcing Add-ons
Setup									
My Notifications								Notification Preferences	
View A	JI	~							
			Message						Received
			Update your profile for	Neighborh	lood Healthcare				05/15/23 01:16 PM

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Please reach out to <u>Purchasing@nhcare.org</u> and <u>AP@nhcare.org</u> with any questions Page 9 of 10 **Homepage Overview:** Once logged in, you will be directed to your CSP Home Page where you will be able to access different functions by clicking on the relevant tab. Below is a quick description of the tabs that are used the most.



Home – View a summary of your company profile, see the list of customers you are connected to, quickly access your tabs, and any customer announcements.

Profile – Create, modify, and manage your public and customerspecific profiles, and specify which remit-to addresses each customer can use.

Orders – View the purchase orders you received from your customers.

Invoices – Create and manage invoices to send to your customers. You can also view previous invoices already sent and their approval status.

Payments – View payments processed for your invoices. You can also download any digital check payments from your customers if you selected this Coupa Pay electronic option.

Setup – Manage users, merge requests, add remit-to addresses, set up electronic invoicing, view, and other preferred settings.

Notifications – View recent notifications related to information requests from customers, invoice status, payments, and other important updates related to your company.