## PO Contract Checklist

The Purchase Requisition submitter can use this guide to gather information for PO contracts.



### **Contents**

- Supplier Onboarding
- Purchase Requisitions
- Conga Requests

# **Supplier Onboarding Fields**

If the supplier is not currently in Workday as an Active supplier for Purchase Orders, submit a New Supplier Request for Purchase Orders form in Workday.

Important: Consider buying from alternative supplier that has already been onboarded. Depending on supplier cooperation, onboarding can take months or may not occur.

Walkthrough requests: Supply Chain Training Workday

| waiktnrough requests: <u>supply Chain Iraining</u> <u>workaay</u>   |   |  |  |
|---|---|--|--|
| Information Providers   |   |  |  |
| Supplier  | Department Requestor                              |  |  |
| Company Name  | Business Purpose:                                 |  |  |
| Company profile submitter's name, email, and phone number   | E.g. Information will be sent to the supplier to  |  |  |
| Important: Incorrect contacts can unknowingly delay onboarding.   | provide analytics for Otolaryngology non-clinical |  |  |
| Is this for the purchase of medical/surgical supplies? (Y/N)  | research.   |  |  |
| Is a contract/agreement needed? (Y/N)   |   |  |  |
| Has anyone at the requested company been an employee of the University of Miami in the last 12 months? (Y/N)        |   |  |  |
| • Is this vendor owned directly or indirectly by a UM physician or immediate family member of a UM physician? (Y/N) |   |  |  |
| Has this supplier been paid with a Corporate Card in the past? (Y/N)  |   |  |  |

Purchase Requisition Fields

Gather the information below. Then complete the Workday Purchase Requisition form. Walkthrough requests: <u>Supply Chain Training</u> <u>Workday</u>

| Information Providers                         |   |   |
|---|---|---|
| Requisition Submitter                         | Supplier (Agreement) / Departmental Requestor | Supply Chain Supply Chain Buyer or Sourcing |
| UM Company:                                   | UM Company:                                   |   |
| Important: This is determined by the Worktag. | Important: This is determined by the Worktag. |   |
| 200 Academy                                   | 200 Academy                                   |   |
| • 305 UHCORP                                  | 305 UHCORP                                    |   |
| • 310 UMMG                                    | • 310 UMMG                                    |   |
| • 320 ABLEH                                   | • 320 ABLEH                                   |   |
| • 330 UMHC                                    | • 330 UMHC                                    |   |
| • 340 UMH                                     | • 340 UMH                                     |   |
| • 500 MSOM                                    | • 500 MSOM                                    |   |
| Requisition Type:                             |   | Requisition Type:                           |
| Goods   |   | Goods                                       |
| Service Contract/Quote                        |   | Service Contract/Quote                      |
| Sub Award/Subcontract                         |   | Sub Award/Subcontract                       |
| Consulting Agreement                          |   | Consulting Agreement                        |
| Goods Contract                                |   | Goods Contract                              |
| Software License                              |   | Software License                            |
| Distribution:                                 | Distribution:                                 |   |
| Deliver-To: Building Name + Room #            | Deliver-To: Building Name + Room #            |   |
| Ship-To: Physical Address + Room #            | Ship-To: Physical Address + Room #            |   |
| Worktag:                                      | Worktag:                                      |   |
| • Program (PG#####                            | <ul><li>Program (PG#####)</li></ul>           |   |
| • Grant (GR####)                              | • Grant (GR####)                              |   |
| • Gift (BG####)                               | • Gift (BG####)                               |   |
| <ul><li>Project (PR#####)</li></ul>           | <ul><li>Project (PR#####)</li></ul>           |   |
|   | Item Description:                             |   |
|   | Scope of Work                                 |   |
|   | Deliverables                                  |   |
| Spend Category (SCO####)                      |   | Spend Category (SCO####)                    |
|   |   |   |

|   | Information Providers                           |   |
|---|---|---|
| Requisition Submitter   | Supplier (Agreement) / Departmental Requestor   | Supply Chain Supply Chain <u>Buyer</u> or <u>Sourcing</u> |
|   | Start Date                                      |   |
|   | End Date  |   |
|   | Supplier's Name                                 |   |
|   | Dollar/Extended Amount                          |   |
| Internal Memo:  | Internal Memo:                                  | Internal Memo:  |
| Previous PO/ Contract #   | Payment Terms: Deposit, Monthly/annual payments | (Sourcing/Buyer Name) will process this contract.         |
| (Sourcing/Buyer Name) will process this contract.   |   |   |
| Attachments:  | Attachments:                                    | Attachments:  |
| Supplier's Quote/ Agreement Template  | Supplier's Quote/ Agreement Template            | • BAA   |
| Internal UM docs/emails   | Internal UM docs/emails                         | Consultant Questionnaire                                  |
|   |   | Internal UM docs/emails                                   |
| Requisition Number  |   |   |
| This will appear after selecting Save for Later or Submit.  |   |   |
| E.g., RQ-0000######   |   |   |
| Approving Buyer's Name  |   |   |
| This will appear after all other approvals  |   |   |
| E.g., Carlos Fayad  |   |   |
| From the Process History, does the Conga Integration  |   | Required Conga form(s):                                   |
| step appear with a status of Completed?   |   | BAA E.g., #3 Business Associate Agreement                 |
| This will appear after the Buyer's first approval.  |   | Integrated Draft  |
| If yes, reach out to the Buyer/Sourcing to determine  A size Common forms the stable as a second to the stable as a s |   | E.g., Conga Request 000#####-##                           |
| which Conga form should be completed.   |   | Non-Integrated Blank Purchasing Form                      |
| If no, no action is needed unless the Buyer/Sourcing  |   | E.g., New Request #1 Purchasing                           |
| specifically reaches out with a request.  |   |   |

Conga Contract Request Fields

Gather the information below, then complete the Conga request form(s).

Walkthrough requests: Supply Chain Training Conga

| Information Providers                           |  |   |
|---|--|---|
| Requisition Submitter                           | Supplier (Agreement) / Departmental Requestor                              | Supply Chain Supply Chain <u>Buyer</u> or <u>Sourcing</u> |
| Contract Requestor's Name                       |  | Contract Owner's Name                                     |
| Contract Purpose:                               | Contract Purpose:  |   |
| • RQ-0000####                                   | <ul> <li>SOW/Deliverables</li> </ul>                                       |   |
| <ul> <li>SOW/Deliverables</li> </ul>            | <ul> <li>Who, what, when, why, where</li> </ul>                            |   |
| <ul> <li>Who, what, when, why, where</li> </ul> |  |   |
| Agreement Type:                                 |  | Agreement Type:   |
| • Standalone                                    |  | Standalone  |
| Master  |  | Master  |
| Amendment                                       |  | Amendment   |
| • RFP   |  | RFP   |
| Contract Type:                                  |  |   |
| Purchase Agreement +                            |  |   |
| • Goods   |  |   |
| Goods and Services                              |  |   |
| • Services                                      |  |   |
| Public Health Trust/Jackson                     |  |   |
| Contract Value                                  | Contract Value   |   |
| \$ amount over lifespan of the contract         | \$ amount over lifespan of the contract                                    |   |
|   | International Information:   |   |
|   | Will the vendor be providing any data or processing                        |   |
|   | any date related to individuals located in the                             |   |
|   | European Union?  |   |
|   | <ul> <li>Will any data pertaining to individuals be transferred</li> </ul> |   |
|   | to or processed in the European Union under the                            |   |
|   | agreement, and do the activities under the                                 |   |
|   | agreement involve any data pertaining to individual                        | S   |
|   | located in the European Union?   |   |
|   |  |   |
|   |  |   |

|  | Information Providers   |  |
|--|---|--|
| Requisition Submitter  | Supplier (Agreement) / Departmental Requestor                         | Supply Chain Supply Chain <u>Buyer</u> or <u>Sourcing</u>  |
| Proposed Expiration Date   | Proposed Expiration Date  |  |
| E.g., "2-year contract"  | E.g., "2-year contract"   |  |
|  | Counterparty Contact Information: (Supplier Rep.)                     |  |
|  | Name:   |  |
|  | Email:  |  |
|  | Phone Number:   |  |
| University Division:   |   |  |
| E.g., MSOM/UHealth, College of A&S   |   |  |
| Department Name  |   |  |
| Which Workday Company is this request for? This must match the Workday purchase requisition. |   |  |
|  | Security and Privacy Information                                      |  |
|  | <ul> <li>Will Counterparty have access to or be exposed to</li> </ul> |  |
|  | protected health information or personally                            |  |
|  | identifiable information?   |  |
|  | Will individually identifiable patient information be                 |  |
|  | shared or accessed?   |  |
|  | Will the vendor be storing, processing, transmitting,                 |  |
|  | credit card holder data, or be providing services that                |  |
|  | control or could impact the security of cardholder                    |  |
|  | data?   |  |
| Additional Relevant Information:   |   |  |
| Previous PO # (when applicable)  |   |  |
| Current BAA# (when applicable)   |   | Allow how and a Command of December 1  |
| Attachments/Supporting Documents, E.g.:  |   | Attachments/Supporting Documents, E.g.:  |
| • Agreement / Quote  |   | Consultant Questionnaire     Contract Addandure  |
| • Emails   |   | Contract Addendum  |
| Mockup  Supplier Agreement   |   | Unauthorized Purchase Form  IMA programmy self-file and a sympetry global at a little and a little and a sympetry global at a little and |
| Supplier Agreement   |   | UM preapprovals (logos, exports, alcohol, etc.)  |
| Conga Request #  |   |  |
| (e.g. 000####-##)  |   |  |
| Track the Status in Conga.   |   |  |
| Report changes to the <u>Buyer</u> / <u>Sourcing.</u>  |   |  |