

Denver Public Schools
Accounts Payable Department
780 Grant St
Denver, CO 80203
Phone: (720) 423-1383
Email: accountspayable@dpsk12.org

To: All Denver Public Schools (DPS) Vendors and Independent Contractors (IC)
Attention: Vendor Accounts Receivable Manager
Subject: Welcome Letter with "Centralizing Invoices" and "How to Get Paid instructions"

Dear Accounts Receivable Manager and Independent Contractors (IC)

The purpose of this letter is to assist your company by providing four very important DPS instructions, which will ensure that your firm knows the DPS requirements to get paid on time.

1. **DPS Vendor and Independent Contractors Registration Diagram** – All vendors and IC's are required to register on the DPS Portal and to obtain a vendor number in order to get paid. The first attachment provides the details about the following information:
 - o Link to the DPS Registration Video
 - o Link to the DPS Supplier Portal User Guide
 - o Instructions for your company to properly register on the DPS Portal
 - o Necessary information to ensure that your invoices are addressed to the correct DPS location
 - o Requirements to notify the school/department of your successful registration
2. **DPS Vendor and IC Invoice Requirements and Centralizing Invoices** – The second attachment provides all invoice requirements that must be provided on each invoice that is submitted. Benefits you will realize:
 - o You can invoice yourself through the Supplier Portal by attaching a copy of your invoice
 - o Your invoices will be approved through the workflow process
 - o No more waiting for your invoices to be manually approved and account coded by the school/department
 - o With a purchase order you can track your invoices and payments on the Supplier Portal
3. **Centralizing Invoices** – The purpose of centralizing invoices will allow all invoices to be processed in our accounting system in a timely manner. We are aware that some of the schools/departments need or would like a copy of your invoices also. So please cc them on the email. Below is our centralized Accounts Payable information:

Denver Public Schools
780 Grant St
Denver, CO 80203
Attn: Accounts Payable Department

Email: accountspayable@dpsk12.org

NOTE: All construction Payment Applications should still be sent to Acoma address included in your welcome letter.

4. **DPS Financial Payment Options**- All vendors including Independent Contractors have three options for means of payment from DPS. The third attachment provides details about the following options:
 - o ACH (Direct Deposit)
 - o Mailed hard copy check
 - o Credit Card (single use account - not P-Card)

Please review this material prior to submitting your next invoice for payment.

Please feel free to call the Accounts Payable Department should you need assistance – (720) 423-1383

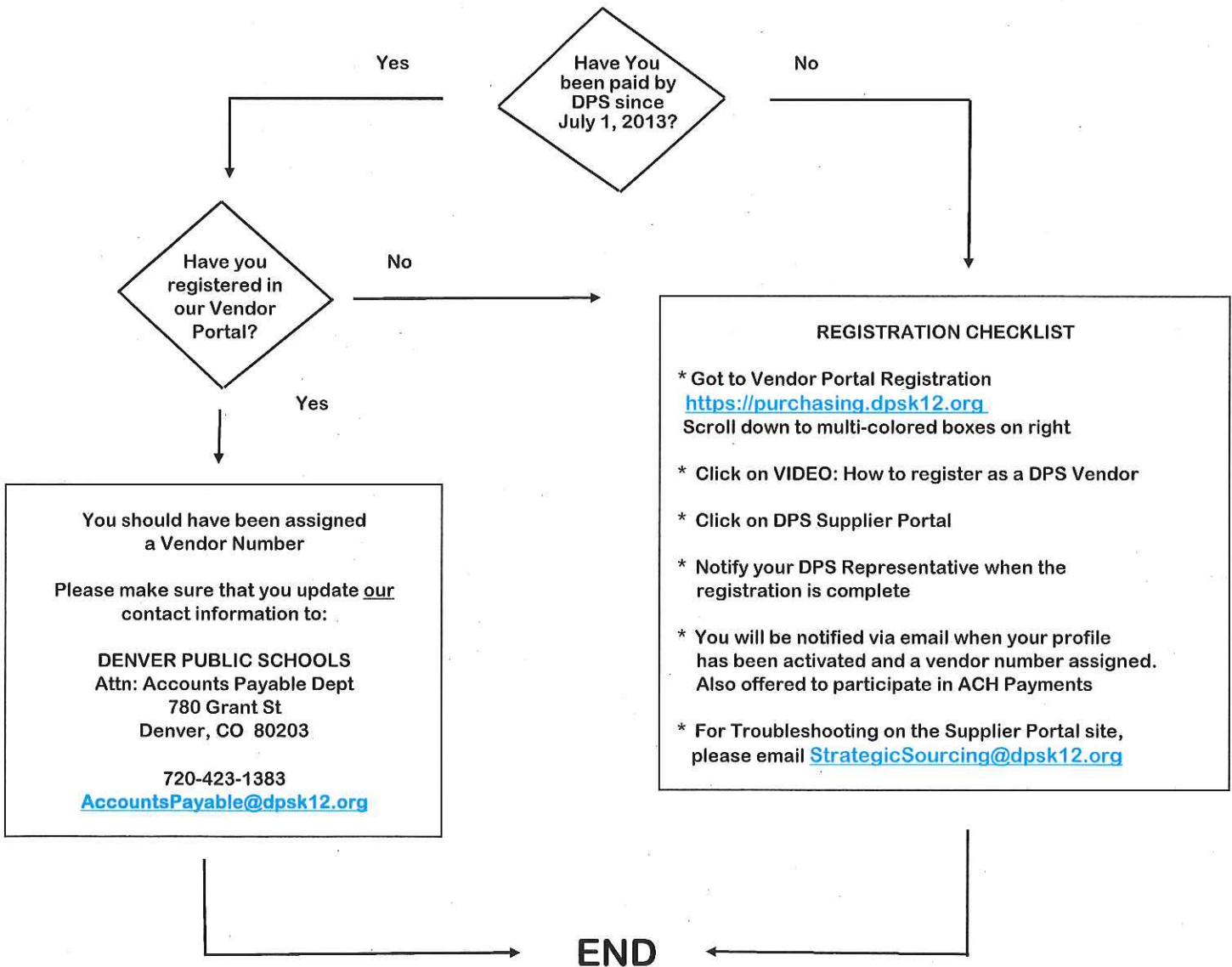
Thank you for your attention to this matter.

Respectfully

Annette Stahlecker
Manager of Accounts Payable Department - Denver Public Schools

DENVER PUBLIC SCHOOLS CONTRACTOR / VENDOR ACCOUNT REGISTRATION DIAGRAM

DPS Vendor Account Registration Process



Other Helpful Links
Supplier Portal User Guide AND Supplier Online Invoicing Guide
<https://financialservices.dpsk12.org/>



DPS VENDOR INVOICING REQUIREMENTS

The Vendor/Independent Contractor shall furnish the following information within invoices that are submitted for payment AFTER services have been completed or product delivered for the District.

- REMIT TO: Vendor Name, Address, Phone Number and Email address
- BILL TO: Denver Public Schools, Accounts Payable, 780 Grant St, Denver, CO 80203
- SHIP TO: The school or department that the services are performed at, along with the contact name and phone number of the DPS Representative requesting service
- INVOICE NUMBER: (if an invoice number is re-used by vendor, the invoice will be returned to the vendor asking for a corrected invoice with a different invoice number)
- INVOICE DATE: (must be **after** services have been completed. Invoices can be submitted weekly or monthly)
- PO NUMBER (is **required** on all invoices)
- Required information of Services or Activities performed:
 - DATES of Service or Activities that are rendered
 - Total HOURS of service or Activities performed on that specific date
 - The hourly RATE or compensation rate for the services rendered
 - The NAME OF ALL SERVICE PROVIDERS who performed services on that specific date
 - Detailed DESCRIPTION of the service or activities performed in accordance with the scope of work approved by the District
 - Travel related expenses require a copy of the ITEMIZED RECEIPTS in accordance with the Independent Contractor Agreement
- Required Information for Product Ordered:
 - Date the product was ordered
 - Date the product was delivered
 - Description of item(s) ordered
 - Amount per item
 - DPS is Tax Exempt so there should not be any tax charged
 - Total amount of item(s)

NOTE: DPS DOES NOT PREPAY FOR SERVICES OR PRODUCT. Our Payment Terms are Net 30 from the Invoice Date

Please submit all invoice(s) directly to the Accounts Payable Department:

- Accounts Payable email: AccountsPayable@dpsk12.org
(you may also want to include your DPS Representative at the school or department you are working with)
- Or you can submit your invoice through the DPS Portal – Supplier On Line Invoicing process.

Accounts Payable ACH and Check Runs are processed on Wednesday of each week. For the invoice to be processed and paid, Accounts Payable must receive your invoice by end of day each Friday of the previous week. However, our payment terms are Net30 from the invoice date so the system will not release the payment until the due date. **NOTE:** If any information is missing or incorrect on the invoice it will be returned asking for a revised invoice. Unfortunately, this may result in a delay in payment.

DENVER PUBLIC SCHOOLS – ACCOUNTS PAYABLE DEPARTMENT

780 Grant St

Denver, CO 80203

AccountsPayable@dpsk12.org

720-423-1383 (W) 720-423-1516 (F)

ACH AUTHORIZATION FORM

I (we) hereby authorize **Denver Public Schools** (THE COMPANY) to initiate entries to my (our) checking / savings account at the financial institution listed below (THE FINANCIAL INSTITUTION) and if necessary initiate adjustments for any transaction credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State, Zip)

Vendor # _____

(Name as it appears on Bank Account – PLEASE PRINT)

(Address – PLEASE PRINT)

(Email address – PLEASE PRINT)

(Telephone)

(Signature)

(Date)

Financial Institution Routing Number: _____

Checking / Savings Account Number: _____

Please email the signed and completed form to
AccountsPayable@dpsk12.org

PLEASE STAPLE VOIDED CHECK COPY HERE