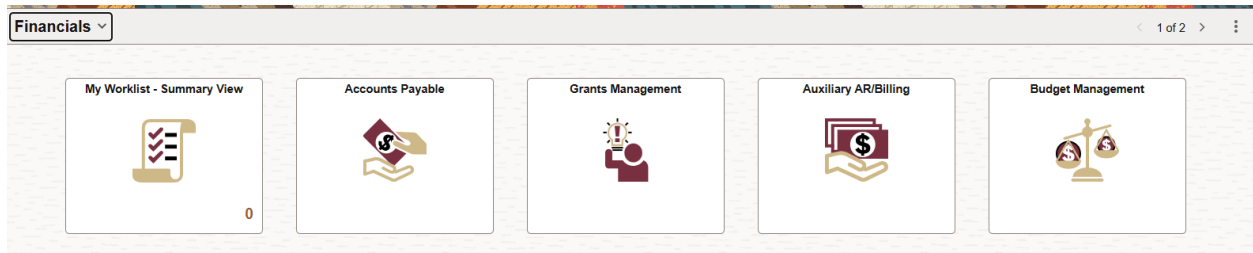


Basic Entry of an ePRF

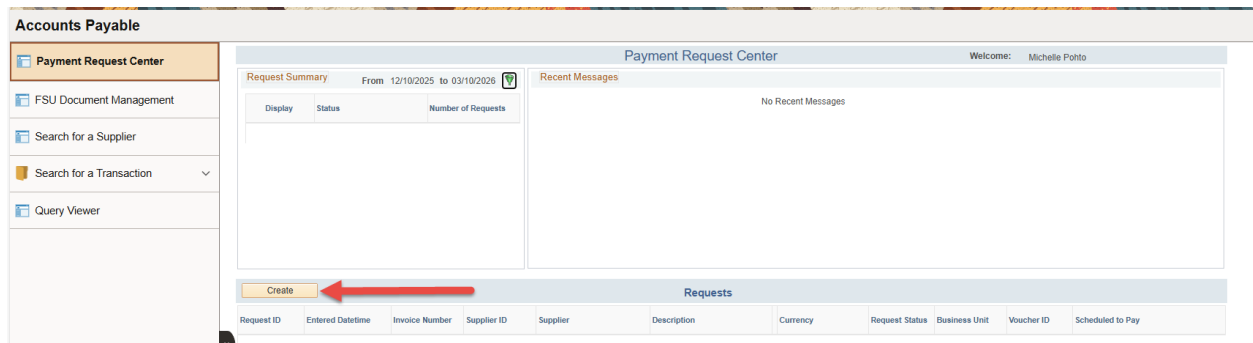
I. Filling out ePRF Information

1. Sign into your MyFSU account. Select the Financials icon, then click on the Accounts Payable tile.

Financials>Accounts Payable>Payment Request Center



2. From Accounts Payable, select **Payment Request Center**. Then, select **Create**.



3. On the following screen, follow the steps in the image below.

Payment Request

Summary Information Supplier Information Invoice Details Review and Submit

Exit Save for Later Next >

Summary Information - Step 1 of 4

*Business Unit: FSU01 Request ID: **1** *Invoice Number: **2** *Invoice Date: 03/10/2026 Entered By: Michelle Pohito
Entered Datetime: 03/10/2026 10:29AM

3 Description: **5** Attachments (0) **4** *Gross Invoice Amount: 0.00

Total Amount: 0.00 *Currency: USD *Handling: REGULAR PAYMENTS **6** Message: **7**

8 Notes/Comments: 254 characters remaining

Exit Save for Later Next > **9**

1. Enter the invoice number.

2. Enter the invoice date.
3. Enter the description.
4. Enter the Gross Invoice Amount.
5. Attach the invoice and any supporting documentation.
6. For special handling, if requesting check pick-up use the drop-down to make your selection.
7. Enter any special handling instructions.
8. Add additional notes/comments if applicable.
9. Select **Next** to continue.

II. Supplier Information

Payment requests should only be submitted for suppliers based in the United States. For payments to foreign vendors, please use the [Foreign Vendor Payment Request](#) form.

1. Enter the Supplier ID, then click Search.

Supplier Information - Step 2 of 4

Business Unit FSU01 Invoice Number TEST 1 Entered By Michelle Pohto
Request ID Invoice Date 03/10/2026 Entered Datetime 03/10/2026 10:29AM

Country USA Search

Supplier ID Supplier Name

Exit Save for Later Previous Next

Supplier Information - Step 2 of 4

Business Unit FSU01 Invoice Number TEST 1 Entered By Michelle Pohto
Request ID Invoice Date 03/10/2026 Entered Datetime 03/10/2026 10:29AM

Country USA Search

Supplier ID 0000000037 Supplier Name

Supplier list Personalize | Find | View All | First 1 of 1 Last

Supplier ID	Name
0000000037	W W GRAINGER INC

Multiple

2. Select the first option.

Note: This is based on the supplier locations, not remit addresses.

Select Supplier Location

SetID: SHARE Supplier ID: 0000000037 Supplier Status: Approved

Short Supplier Name: GRAINGER Supplier Classification: Supplier

In City Limit: N HR Class:

Additional Name: Persistence: Regular

Alternate Supp Name: Open For Ordering: Y

Address: 00015 SPEARMART Withholding Applicable: N

Corporate Supplier: 0000000037 W W GRAINGER INC Display VAT Flag: N

Remit Supplier: 0000000037 W W GRAINGER INC

Supplier Location	Address Line 1	City	State	Country
001	140 MENDENHALL BLDG A	TALLAHASSEE	FL	USA
002	3924 WEST PENSACOLA ST	TALLAHASSEE	FL	USA
003	4405 N PALAFOX ST	PENSACOLA	FL	USA
004	SUITE 300	OCALA	FL	USA
005	6685 WHITFIELD AVE	SARASOTA	FL	USA
007	DEPT 810817775	KANSAS CITY	MO	USA
008	140 MENDENHALL BLDG A	TALLAHASSEE	FL	USA
009	140 MENDENHALL BLDG A	TALLAHASSEE	FL	USA
099	100 GRAINGER PKWY	LAKE FOREST	IL	USA

3. Select the correct remittance address from the options provided. If the address is not listed, please have the supplier update their information through PaymentWorks.

Payment Request

Summary Information Supplier Information Invoice Details Review and Submit

Exit Save for Later Previous Next

Supplier Information - Step 2 of 4

Business Unit: FSU01 Invoice Number: TEST 1 Entered By: Michelle Pohio
Request ID: Invoice Date: 03/10/2026 Entered Datetime: 03/10/2026 10:29AM

Supplier Address

Supplier ID: 0000000037 Supplier: W W GRAINGER INC
140 MENDENHALL BLDG A
TALLAHASSEE, FL 32306
Remitting Address:

Supplier Payment Options

Bank: WELLS Payment Method: CHK
Account: CHICK Pay Group:

Supplier Search

Exit Save for Later Previous Next

Look Up Remitting Address

SetID: SHARE Supplier ID: 0000000037

Address Sequence Number: Address Type:

Look Up Clear Cancel Basic Lookup

Search Results

View 100 First 1-14 of 14 Last

Address Sequence Number	Address Type	Description	Address Line 1	City	County	State	Country
1	Business	ON CAMPUS	140 MENDENHALL BLDG A	TALLAHASSEE	(blank)	FL	USA
2	Business	OFF CAMPUS	3924 WEST PENSACOLA ST	TALLAHASSEE	(blank)	FL	USA
3	Business	PANAMA CITY BRANCH	4405 N PALAFOX ST	PENSACOLA	(blank)	FL	USA
4	Business	APPLETON MUSEUM	SUITE 300	OCALA	(blank)	FL	USA
5	Business	REMIT	DEPT 820	PALATINE	(blank)	IL	USA
6	Business	SARASOTA	6685 WHITFIELD AVE	SARASOTA	(blank)	FL	USA
11	Business	KANSAS CITY 2	DEPT 852562651	KANSAS CITY	(blank)	MO	USA
12	Business	KANSAS CITY 3	DEPT 828312157	KANSAS CITY	(blank)	MO	USA
13	Business	KANSAS CITY DEPT 865862692	DEPT 865862692	KANSAS CITY	(blank)	MO	USA
15	Business	SPEARMART	100 GRAINGER PKWY	LAKE FOREST	(blank)	IL	USA
20	Business	DEPT 810817775	DEPT 810817775	KANSAS CITY	(blank)	MO	USA
21	Business	DEPT 810844670	DEPT 810844670	KANSAS CITY	(blank)	MO	USA
22	Business	REMIT	DEPT 873742365	KANSAS CITY	(blank)	MO	USA
26	Business	DEPT 810817775 -2	DEPT 810817775	KANSAS CITY	(blank)	MO	USA

Payment Request

Summary Information **Supplier Information** Invoice Details Review and Submit

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Supplier Information - Step 2 of 4

Business Unit FSU01 Invoice Number TEST 1 Entered By Michelle Pohlo
Request ID Invoice Date 03/10/2026 Entered Datetime 03/10/2026 10:29AM

Supplier Address

Supplier ID 000000037 **Supplier Payment Options** Supplier Search

Supplier W W GRAINGER INC
140 MENDENHALL BLDG A
TALLAHASSEE, FL 32306

Remitting Address 2

Bank WELLS Payment Method **CHK**
Account CHCK Pay Group

Exit Save for Later < Previous Next >

4. At this stage, the payment method will be visible: Check, Virtual Card, or EFT. If wire is chosen, discontinue the payment request process.

If special handling was selected on the first page and the payment method is EFT, a check will not be issued. Please change the payment method from EFT to Check before submitting.

5. Confirm the supplier's remit address and payment method. Then, select **Next**.

III. Invoice Details

1. To enter the funding source and account code, click on Add Lines.

Payment Request

Summary Information Supplier Information **Invoice Details** Review and Submit

Exit Save for Later < Previous Next >

Invoice Details - Step 3 of 4

Business Unit FSU01 Invoice Number TEST Entered By Michelle Pohlo
Request ID Invoice Date 03/10/2026 Entered Datetime 03/10/2026 4:22PM

Line	Description	Quantity	Unit	Unit Price	Line Amount	FAC-Only-WorkOrder	FAC-Only-Phase	FAC-Only-Inventory
Add Lines *Gross Invoice Amount 100.00								
Total Amount 100.00						*Currency USD		

Exit Save for Later < Previous Next >

2. Enter the line description for each item of the invoice.
3. Enter the department, fund, project, account code, and chartfield information as needed for each line item. Then, click **OK**.

Accounts Payable

Add a New Line

Line	Description	Quantity	Unit	Unit Price	Line Amount	Facilities Work Order Information		
1	Test-ITEM Description				100.00	FAC-Only-WorkOrder	FAC-Only-Phase	FAC-Only-Inventory

Accounting Details								
Line	Quantity	Amount	*GL Business Unit	Department	Fund Code	Account	Open Item Key	PC Busi
1		100.00	FSU01	029000	110	740231		

OK Cancel

4. Once all the lines have been entered, click **Next**.

Accounts Payable

Payment Request

Summary Information Supplier Information **Invoice Details** Review and Submit

Exit Save for Later Previous Next

Invoice Details - Step 3 of 4

Business Unit FSU01 Invoice Number TEST Entered By Michelle Pohlo
Request ID Invoice Date 03/10/2026 Entered Datetime 03/10/2026 4:22PM

Line	Description	Quantity	Unit	Unit Price	Line Amount	FAC-Only-WorkOrder	FAC-Only-Phase	FAC-Only-Inventory
1	Test-ITEM Description				100.00			

Add Lines

*Gross Invoice Amount 100.00

Total Amount 100.00 *Currency USD

Exit Save for Later Previous Next

IV. Review & Submit

Payment Request

Summary Information
Supplier Information
Invoice Details
Review and Submit

Exit Save for Later Previous

Review and Submit - Step 4 of 4

Business Unit FSU01
Request ID

Description
Supplier W W GRAINGER INC
Total Amount 100.00 USD
Request Status New

Invoice Number TEST
Invoice Date 03/10/2026

Entered By Michelle Pohito
Entered Datetime 03/10/2026 4:22PM

Click the "Review" button to review the detailed request.
Click the "Submit" button to submit your request.

Review Submit

Exit Save for Later Previous

1. Click **Review**.

Summary Information

Request ID	Michelle Pohito	Request Status New
Entered By	Michelle Pohito	
Entered Datetime	03/10/2026 4:22PM	Attachments (1)
Business Unit	FSU01	
Invoice Number	TEST	
Invoice Date	03/10/2026	
Description		
Total Amount	100.00 USD	
Notes/Comments		

Supplier Information

Supplier ID	0000000037
Supplier	W W GRAINGER INC 3924 WEST PENSACOLA ST TALLAHASSEE, FL, 32304

Invoice Details

Line	Description	Quantity	Unit	Unit Price	Line Amount
1	Test- ITEM Description				100.00

Accounting Details

Line	Quantity	Amount	GL Business Unit	Department	Fund Code	PC Business Unit	Project	Activ
1		100.00	FSU01	029000	110			

Cost Sub-Total 100.00

Misc Charge Amount

Freight Amount

Total Amount 100.00 USD

Return

2. Click **Return**.
3. Click **Submit**. The payment request has been submitted and will be routed to the department's approver(s).

Payment Request

Summary Information

Supplier Information

Invoice Details

Review and Submit

Exit
Save for Later
◀ Previous

Review and Submit - Step 4 of 4

Business Unit FSU01 Request ID	Invoice Number TEST Invoice Date 03/10/2026	Entered By Michelle Pohlo Entered Datetime 03/10/2026 4:22PM
Description Supplier W W GRAINGER INC Total Amount 100.00 USD Request Status New		

Click the "Review" button to review the detailed request.

Click the "Submit" button to submit your request.

Review
Submit

Exit
Save for Later
◀ Previous
