

# Invoice Submission Guide for Vendors

This guide outlines NYULH's expectations and requirements regarding invoice submissions for all vendors conducting business with our organization. By adhering to these guidelines, vendors will be able to facilitate efficient payment processing, maintain a successful partnership with NYULH, and remain compliant in our system.

## Submitting Invoices

NYULH utilizes services offered by **DigiScribe** for invoicing, credit memos, and statement processing.

Vendors should send invoices and credit memos to DigiScribe once they receive a valid PO number. Suppliers can submit invoices electronically by sending an email to [nyulmc@digiscribe.info](mailto:nyulmc@digiscribe.info).

Suppliers should not send invoices directly to NYULH departments or staff, as it will delay processing and may lead to non-payment.

## Invoicing Requirements

To ensure timely and accurate payment, all invoices must meet the requirements below. If the invoice submitted does not meet these requirements, the invoice will not be processed.

- Invoice Number
- Date
- Item Description
- Unit Price
- Remittance Address
- Purchase Order (PO) Number
- Vendors Name
- ACH Details (if applicable)
- AR Contact Information

## Key Guidelines When Sending Invoices

To ensure timely processing of payment:

- Each PDF must be a separate file (combined or zipped files cannot be processed).
- Do not submit more than 10 separate PDFs per email.
- Do not submit duplicate invoices.
- Ensure all invoices contain a valid NYULH PO number, which should be 10-characters in length and begin with one of the following:
  - NYU Langone Hospital: **"H"**
  - NYU Grossman School of Medicine: **"M"**
  - NYU Langone Health System: **"A"**
  - NYU Family Health Centers: **"FHC"**
  - Long Island Community Hospital: **"P"**
  - RED&F: **"RH"**, **"RM"**, **"RA"** or **"RP"**
  - NYU Long Island School of Medicine: **"L"**
- Suppliers should contact the Finance Help Desk to follow up on any invoices: **212-404-4200**.

## Helpful Resources

- [NYULH Information for Prospective & Existing Suppliers](#)

## Contact Information

For questions regarding invoicing, contact [VendorOperationsCompliance@nyulangone.org](mailto:VendorOperationsCompliance@nyulangone.org)

## Invoice Example & Format



www.abcd123.com

## I N V O I C E

Customer PO #	Invoice Date	Invoice #
H000000000	06/26/2025	000000000

**Sold To:**

NYU LANGONE HOSPITALS  
NYU LANGONE HEALTH (BULK)  
33RD ST AND E RIVER DR  
NEW YORK, NY 10016-4804

**Ship To:**

MSB - CENTRAL DISTRIBUTION (INV)\*\*  
33RD ST AND E RIVER DR  
NEW YORK, NY 10016-4804

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
000		0000000000		MEDTRANS		ABCD123		0000000		USD		\$000.00	
PO LINE	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY # / INV LINE #	UNIT PRICE	AMOUNT					

1	5.00	BX	5.00	NOCNYU42214	TE	8254078959 / 10	00.00	000.00
252894 /STRIP,TSTGLUCOSE,ST,NEWYORK,50 ST/VL								

GROSS	TAX AMOUNT	FREIGHT	TOTAL
000.00	0.00	0.00	\$000.00

Eligible Gross Amount 000.00  
Discount amount \$0.17 if recd. by 07/06/25  
\*\* Special Ship-To

\* Code  
TE - Tax Exempt  
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO ABCD123 IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO ABCD123 IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.  
EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION.(PH: 800-307-8386)  
INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH OR AS OTHERWISE CONTRACTUALLY STIPULATED AGAINST PAST DUE BALANCES.  
ABCD123 INDUSTRIES, LP IS AN ILLINOIS LIMITED PARTNERSHIP AND INCLUDES ITS WHOLLY OWNED SUBSIDIARY ABCD123 INDUSTRIES HOLDINGS, LP, A DELAWARE LIMITED PARTNERSHIP



www.abcd123.com

## R E M I T T A N C E

Customer #	0000000
Invoice #	0000000000
Invoice Date	06/26/2025
Sales Rep #	000
Payment Terms	.10%10 Days, Net 45
Amount Due	\$000.00

**Remit To:**

PO BOX 12345  
Any Town, USA 11111

NYU LANGONE HEALTH  
ATTN ACCOUNTS PAYABLE DEPARTMENT  
PO BOX 425  
ELMSFORD NY 10523-0425

AMOUNT PAID \$\_\_\_\_\_

Detach and return this portion with your payment

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