



# OSHPD e-Services Portal

*Public User Guide*

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Version Number: 6.2

## **Section 8 – Printing Invoices**

## 1 Introduction

### Welcome to OSHPD Electronic Services Portal Client Access (eCA) User Guide

This section provides users with step-by-step instructions for printing invoices after creating and submitting an Application for New Project, PAD, AMC or Building Permit.

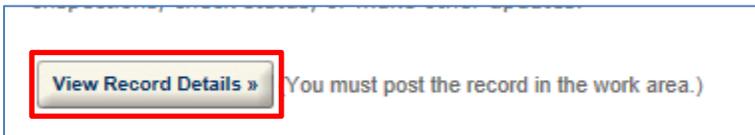


**Remember:** Help is available throughout the application. Wherever you see a help icon, click on the question mark to open help and instructions for that item in the application.

## 2 Print a Preliminary Invoice after Submitting the Project

To print the preliminary invoice after the project is submitted, follow the steps below.

**Step 1.** If user is on the application confirmation page, click “View Record Details” button.



**Step 2.** Alternatively, user can click the Project Number link in Projects list to navigate to the project details page.

Projects					
Showing 1-10 of 100+   <a href="#">Download results</a>   <a href="#">Add to collection</a>					
<input type="checkbox"/> Date	<a href="#">Project Number</a>	<a href="#">Project Type</a>	<a href="#">Project Name</a>	<a href="#">Status</a>	<a href="#">Related</a>
<input type="checkbox"/> 04/05/2013	<a href="#">13TMP-000303</a>	Application for New Project	test		0
<input checked="" type="checkbox"/> 04/05/2013	<a href="#">S130086-19-00-ACD0001</a>	Post Approval Document	test	Open	<a href="#">1</a>
<input type="checkbox"/> 04/05/2013	<a href="#">S130086-19-00</a>	Application for New Project	test	Open	<a href="#">1</a>

**Step 3.** Open the “Fees” section on the record details page. Write down or highlight and copy the Invoice Number.

Fees		
<b>Outstanding:</b>		
Date	Invoice Number	Amount
04/05/2013	<a href="#">120035</a>	\$250.00
<b>Total outstanding fees: \$250.00</b>		

Step 4. At the top of the page, click the "Reports" link then select "Preliminary Invoice" menu.



Step 5. In the popup window, enter or paste the invoice number noted in step 3 above, then click "Submit".

**Please input report parameter(s):**

\* Invoice No.:

Submit Cancel

Step 6. The preliminary invoice is displayed in the popup window. You may print or save this document.

**Preliminary Invoice**

**Invoice Date:** April 05, 2013  
**Payment Due Date:** May 05, 2013  
**Current Date:** April 05, 2013

**REMIT TO:**

Ronald Reagan UCLA Medical Center 757 Westwood Plaza Los Angeles, CA 90095	Office of Statewide Health Planning and Development Accounting Office 400 R Street, Ste 359 Sacramento, CA 95811-6213
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Project related questions contact - Facilities Development Division (916) 440-8300 or (213) 897-0166  
 Billing related questions contact - Accounting Services (916) 326-3236, Fax (916) 322-2527

Facility Name:	Ronald Reagan UCLA Medical Center	Facility Number:	12127
Project Description:	test	Project Number:	S130086-19-00-ACD0001
App Tracking #:		Parent Number:	S130086-19-00
Scope of Change:	r		

Fee Item Description	Date	Amount	Amount Due
Application Fee	04/05/2013	\$250.00	\$250.00