

CHANGING THE BILL ADDRESS (BILL TO) AND WARRANT RETURN ADDRESS

When an agency becomes an OSS participating agency, they may need to request new bill to addresses and change their warrant return address to reflect the Ohio Shared Services address. This address change will direct vendors to send invoices and returned warrants to OSS for processing. This job aid is used to assist agencies in completing the steps they need for these tasks.

Bill Address

Bill Address is a selectable field used when creating a PO or requisition. For OSS participating agencies, an OSS bill address should be used. A distinct bill address should be created for each of the agency's OSS origins. To add/change a bill address, access the **OAKS Location Form** on the obm.ohio.gov site. Follow the instructions as detailed on the form.



Navigation: <http://obm.ohio.gov>

The screenshot shows the OBM website interface. At the top, there is a navigation bar with the OBM logo and a search box. Below the navigation bar, there is a main content area with a banner for "The Jobs Budget" and "Transforming Ohio for Growth". A red box highlights the "Click on OBM Forms" button. Below this, there is a "Find it Fast" section with a list of links, including "OBM Forms". A red box highlights "OBM Forms" and a red arrow points to the "State Accounting" link. Below the "State Accounting" link, there is a list of forms, including "OAKS Location Form". A red box highlights "OAKS Location Form" and a red arrow points to the "OAKS Location Entry Form" page. The "OAKS Location Entry Form" page contains instructions and a form with fields for Agency Name, Date Prepared, DIV./INST. Name, OAKS Business Unit, Address, Prepared by, and Phone Number.

OBM

Click on **OBM Forms**

Find it Fast

- Budget Archives
- Controlling Board
- Monthly Financial Reports
- OBM Calendar of Events
- OBM Forms**
- Payment Card System

OBM Divisions and Services

- Budget and Planning
- Debt Management
- Financial Reporting
- Procurement and Audit
- Controlling Board
- Electronic Commerce
- Financial Planning and Supervision Commissions
- Shared Services

State Accounting

- Advance of Petty Cash Funds (OBM 4511) PDF (0.04 MB)
- Encumbrance Extension Request Form XLS (0.02 MB)
- Equipment Freeze Waiver Request PDF (0.02 MB) XLS (0.03 MB)
- Imprest Fund/Petty Cash Account Request (OBM 4500) Form PDF (0.02 MB) DOC (0.07 MB)
- Miscellaneous Expense Reimbursement (OBM 7283) PDF (0.02 MB) DOC (0.06 MB)
- OAKS Agency Form Instructions PDF (0.07 MB) DOC (0.13 MB)
- OAKS Fund Request XLSX (0.02 MB)
- OAKS ID Request Form PDF (0.04 MB) DOC (0.75 MB)
- OAKS Location Form PDF (0.12 MB) DOC (0.08 MB)**
- Petty Cash Fund Quarterly Report (OBM 7275) PDF FILL-IN (0.04 MB)
- Regular Voucher Form (OBM 7261) PDF (0.06 MB) DOC (0.09 MB)
- Requisition Creation Form (OBM 0530) PDF (0.06 MB) DOC (0.09 MB)
- Travel Expense Report (OBM 7148) M
- Travel Expense Report (OBM 7148) M
- Travel Expense Report (OBM 7148) M
- Voided Warrant Coding
- Warrant Changes in OAKS with Sam

OAKS Location Entry Form

Instructions: Fill out your agency information then select whether you want to add, change, or inactivate the location. Click on the entry field and press Tab key to move to next field. Once the form is complete, save and email to obm.oakslocationform@exchange.state.oh.us. You will receive an email confirmation when the location activity has been configured in OAKS. If you have multiple location code additions or changes, please attach a spreadsheet with location code information.

Agency Name:	Date Prepared (MM/DD/YY):
DIV./INST. Name:	OAKS Business Unit:
Address:	
Prepared by:	Phone Number: H H

CHANGING THE BILL ADDRESS (BILL TO) AND WARRANT RETURN ADDRESS

Adding a New Location for Bill Address (bill to)

Agency Name: <For requesting agency>	Date Prepared (MM/DD/YY): <MM/DD/YY>
DIV./INST. Name: <For requesting agency>	OAKS Business Unit: <For requesting agency>

1. Enter **Agency Name** for requesting agency
2. Enter **Date Prepared (MM/DD/YY)**
3. Enter **DIV./INST. Name**
4. Enter **OAKS Business Unit** for requesting agency

Address: <For requesting agency>	
Prepared by: <Name of preparer>	Phone Number: <For-preparer>
Email: <For preparer>	Comments: Please create the following locations for <AGENCY> to use as bill addresses when creating POs with an effective date of <DATE> where <DATE> is the day that the agency will begin creating POs for goods/services where the invoice will be sent directly to OSS (approx. one month prior to go-live).

5. Enter **Address** for requesting agency
6. Enter **Prepared by**
7. Enter **Phone Number** for preparer
8. Enter **Email** for preparer
9. Enter **Comments** EXACTLY as shown above using agency specific information for the <AGENCY> and <DATE> placeholders.

<input checked="" type="checkbox"/> Add this Location			
Address (Note: Maximum 40 characters per address line):	Description:		
	Address 1:	<Agency>-OSS-<Origin> <Agency> <Origin Name>	Effective Date:
	Address 2:	PO Box 182880	MM/DD/YY
	Address 3:		

10. Click **Add this Location** checkbox



Each address line is limited to 40 characters. If name exceeds limit, use line 2 as needed to complete address name information and line 3 as needed for PO Box information.

11. Enter **Address1(2)** EXACTLY as “<Agency>-OSS-<Origin> <Agency> <Origin Name>” (inserting appropriate information for agency, origin, and institution name) (E.g., ADA-OSS-012 ADA Central Office or DAS-OSS-282 GSD Business Office)
12. Enter **Address2(3)** “PO BOX 182880”
13. Enter **Effective Date** for addition of this location

CHANGING THE BILL ADDRESS (BILL TO) AND WARRANT RETURN ADDRESS

City:	COLUMBUS	State:	OH	Postal (Zip Code):	43218-2880
County:		Phone:	877-644-6771	Fax:	614-485-1039

14. Enter **City** "Columbus"
15. Confirm **State** shows "OH"
16. Enter **Postal (Zip Code)** "43218-2880"
17. Enter **Phone** "877-644-6771"
18. Enter **Fax** "614-485-1039"



A distinct bill address should be created for **each** of the agency's OSS origins. If adding multiple locations, a spreadsheet can be attached to the form. (See last page of this document for an example of an acceptable spreadsheet layout.)



Submit completed **OAKS Location Form** to **email contact** as detailed at the **top of the form** (also shown below).

Instructions: Fill out your agency information then select whether you want to add, change, or inactivate the location. Click on the entry field and press Tab key to move to next field. Once the form is complete, save and email to obm.oakslocationform@exchange.state.oh.us You will receive an email confirmation when the location activity has been configured in OAKS. If you have multiple location code additions or changes, please attach a spreadsheet with location code information.

Warrant Return Address Changes

As a general rule, if invoices are processed by OSS, the OSS address should be used on the warrant. If most vendor inquiries will be directed to OSS, the OSS phone number should be used as well. If the address is not changed, returned warrants will route to the agency.

To change the warrant return address, access the **OAKS Location Form** on the obm.ohio.gov site. Follow the instructions as detailed on the form.

Change the Warrant Return Address (Business Unit Location Address)

Agency Name:	Date Prepared (MM/DD/YY):
<For requesting agency>	<MM/DD/YY>
DIV. /INST. Name:	OAKS Business Unit:
<For requesting agency>	<For requesting agency>

1. Enter **Agency Name** for requesting agency
2. Enter **Date Prepared (MM/DD/YY)**
3. Enter **DIV./INST. Name** for requesting agency
4. Enter **OAKS Business Unit** for requesting agency

CHANGING THE BILL ADDRESS (BILL TO) AND WARRANT RETURN ADDRESS

Address: <For requesting agency>	
Prepared by: <Name of preparer>	Phone Number: <For-preparer>
Email: <For preparer>	Comments: Please change the address and phone number on warrants for the <AGENCY> OSS business unit to the address below effective <Month DD, YYYY> where <Month DD, YYYY> is the day that OSS will begin creating vouchers and handling vendor inquiries for the agency.

5. Enter **Address** for requesting agency
6. Enter **Prepared by**
7. Enter **Phone Number** for preparer
8. Enter **Email** for preparer
9. Enter **Comments** EXACTLY as shown above using agency specific information for the **<AGENCY>** and **<Month DD, YYYY>** placeholders.

<input checked="" type="checkbox"/> Change this Location	
Location: Effective Date:	<Bus Unit> MM/DD/YY Address (Note: Maximum 40 characters per address line):
Description: Ohio Shared Services Address 1: Ohio Shared Services Address 2: PO BOX 182880 Address 3:	

10. Click **Change this Location** checkbox
11. Enter Location (name of business unit being changed – e.g.TAX01)
12. Enter **Effective Date** (MM/DD/YY) for change
13. Enter **Address1** “Ohio Shared Services”
14. Enter **Address2** “PO Box 182880”

City:	COLUMBUS	State:	OH	Postal (Zip Code):	43218-2880
County:		Phone:	877-644-6771	Fax:	614-485-1039

15. Enter **City** “Columbus”
16. Confirm **State** shows “OH”
17. Enter **Postal (Zip Code)** “43218-2880”
18. Enter **Phone** “877-644-6771”
19. Enter **Fax** “614-485-1039”



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Instructions: Fill out your agency information then select whether you want to add, change, or inactivate the location. Click on the entry field and press Tab key to move to next field. Once the form is complete, save and email to obm.oakslocationform@exchange.state.oh.us You will receive an email confirmation when the location activity has been configured in OAKS. If you have multiple location code additions or changes, please attach a spreadsheet with location code information.

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A case will be created to have the requested information added/changed. An email will be sent to the agency indicating the case is created with the assigned case number.



Once the changes are made, an email confirmation will be sent to the agency.



Once the agency has received the **email confirmation** the locations have been configured in OAKS, they should confirm the new locations can be viewed. If the locations do not appear, contact OSS at (877) 644-6771.



Please see spreadsheet layout example below to submit multiple addresses (one for each OSS origin code).

	A	B	C	D	E	F	G	H
1	<Agency> New Locations							
2	Address	City	State	Zip	County	Phone	Fax	
3								
4								
5								
6								
7								
8								
9								
10								