Payment to Vendors/Child Agencies in PFMS Using Excel

By: Faizan Alam

Login With Data Operator User's Credentials:



Goto: Masters>Vendors>Upload Vendors Data

Masters D	Bulk Customization	
My Schemes 👂	Beneficiary Management 🛛 👂	
Agencies D	Vendors D	Manage
My Funds	Locations	Add New
Transfers D		Upload Vendors Data
Advances D		Upload Vendors Data

Goto: Upload Vendors Data >

Upload Vendor Data
Template : Excel_Based_Vendor_Registration Download Template Select Excel File: Choose File No file chosen Upload File Upload File
Excel Upload History
No Record Found
Note: User can download original and status file only for last 10 days

After Download Template, Fill Excel Sheet (In Sheet1) With Following Instructions:

	В	С	D	E	F	G	Н	l I	J	К	L
1	Vendor Name	FatherHusband Name	DOB	PAN Number	Aadhaar Number	TAN Number	TIN Number	Service TaxNo	Address1	Address2	Address3
2	Ahindra Nayak	Narendra Nayak							JAJPUR		
3	ALOK SWAIN	Satyendra Swain							PURI		
4											
5											
6											

M	N	0	Р	Q	R	S	Т	U	V	W
City	Country	State	District	Pincode	Mobile	Phone	Email	Bank Name	IFSCCode	Account Number
JAJPUR		ODISHA						STATE BANK OF INDIA		30432128711
PURI		ODISHA						STATE BANK OF INDIA		32611839717

Red Marked Fieds Are Mandatory

Yellow Marked Fields Are Not Mandatory, But If You are filling, Data Should Be Valid...

For Full Instructions:

Click On 'Instructions' Sheet

After Filling Excel Sheet, Rename File and Upload:

Upload Vendor Data					
Template :	Excel_Based_Vendor_Registration Download Template				
Select Excel File:	Browse No file selected.				
	Upload File				

Refresh Upload History

	Excel Upload History									
FileName		Template Scheme Total Valid				Invalid Records	Status	Uploaded on	Uploaded Bv	
Demo_Personal_Vendor		CPSMS					Pending	07/11/2016 02:52 PM	STATEDO	
Note: User can downle	File uploaded Successfully ! To check update(s) status, click on "Refresh Upload History" button.									

After Uploaded Successfully Status will be Shown **As 'Successfully Complete'**

	Upload Vendor Data				
Template :	Excel_Based_Vendor_Registration Download Template				
Select Excel File:	Browse No file selected.				
	Upload File				



After Uploaded File Successfully. Goto:Masters>Vendors>Manage

Sanctions			
Reports			
My Details			
Masters D	Bulk Customization		
My Schemes	Beneficiary Management 🛛 🖒		
Agencies D	Vendors D	<u>Manage</u>	
My Funds	Locations D	Add New	Manage Venders (Repeticiaries
Transfers		Upload Vendors Data	ivianage vendors/ beneficiaries

After Uploaded File Successfully. Goto:Masters>Vendors>Manage



Please Note the Following Details, For Future Use:

- ✓ Unique Code of Vendor, Highlighted in Below Image. (Unique Code will Use as 'Receiving Party Code' in Excel)
 ✓ Vendor's A/c No. or Aadhaar No.
- ✓Vendor's Name.
- Note: Bank Status should be 'Success in Bank' for further payment Process

	Manage V	endor					
Search criteria:	Vendors registered by me.	-					
Vendor Name:							
Unique Code:							
Account Number:							
	Count Book Book						
	Searcii Reset Dack						
Nama Vandan Tura Canta	t Datail Unious Code		Created Dec	Currenterd	Chabura	Deals	0
Name Vendor Type Contac		Number		Date	Status	Status	Status
Abindra Navak personal JAJPUR	VAUPGR00000059	30432128711	STATEDO	07/11/2016	None	Success in	Active
						Bank	
ALOK SWAIN personal PURI	VAUPGR00000058	30433340731	STATEDO	07/11/2016	None	Success in	Active
						Dank	

After Prepared the Vendor's Information.

Goto: Masters>Bulk Customization>Bulk Customization Using Excel

Reports		
My Details		
Masters D	Bulk Customization	Bulk Customization using Excel
My Schemes D	Beneficiary Management	Manage
Agencies D	Vendors D	
My Funds	Locations D	

1. Select Scheme From Dropdown | 2. Select Template | 3. Click on 'Download Template'.

	Expenditure	Excel Upload	
Scheme : 1.	9156 - NATIONAL HEALTH MISSION	Customization Name :	
Project :	Select	Module:	🛇 Expenditure 🛛 Advances 🔿 Transfers
Template : 2.	Excel_Based_Bulk_Customization - 3 Download Template	Payment Mode:	© EPaymentUsingPrintAdvice
Select Excel File:	Browse No file selected.		© EPaymentUsingDigitalSignature
	Upload File		

After Download Template, Fill Excel Sheet With Following Instructions:

1	А	В	С	D	E	F	G	Н	1	J
1	Receiving Party Code	Receiving Party Name	Transaction Code	Transaction Key	Component Code	Expense Type	Amount	Remarks	Action Type	Account Number
2										
3										
4										

Yellow Marked Filled Are Not Mandatory. (But If Filled, It will be Checked with Masters)

Yellow Marked Filled Are Mandatory.

	For Full Instructions, Click on Next Sheet Named As 'Instructions'		
	۲ ۲		
▶ She	eet1 Instructions Transaction Code Master	III.	

Main Instructions For Excel Fields:

Receiving Party Code: [Mandatory]

Beneficiary Code or Vendor Code or Agency Unique Code depending upon the transaction type. [See Slide-10]

Receiving Party Name: [Mandatory]

It is for specifying Beneficiary Name or Vendor Name or Agency Name.

Transaction Code: [Not Mandatory]

It is for specifying Beneficiary Name or Vendor Name or Agency Name.



Expense Type: [Mandatory for Expenditure Type Transactions]

Allowed values are 'R' for Revenue and 'C' for Capital. Applicable only for 'Expenditure' type transactions.

Action Type: [Mandatory for Editing of Bulk Customization]

A' for Addition of Transaction, 'U' for Update and 'D' for Deletion of Transaction.

Contd.. Main Instructions For Excel Fields:

Component Code: [Mandatory if the Transaction Code is 'GP']

Component Code to be used for crediting this amount, Applicable for Credits only i.e. Code 'GP'. How to Find Component Code.?

- >Login With Agency Admin
- >Goto MySchemes>View Scheme Component
- >Copy Component Code, As Highlighted in Image.

Agencies D Register New Scheme My Funds D Scheme Allocation Transfers D View Scheme Component Advances D View Scheme Component	My Schemes	Manage
My Funds Scheme Allocation Transfers View Scheme Component Advances View Scheme Component	Agencies D	Register New Scheme
Transfers View Scheme Component Advances V	My Funds	Scheme Allocation
Advances	Transfers	View Scheme Component
	Advances	View Scheme Component



Filled Demo Excel File:

	А	В	С	D	E	F	G	Н	l.	J	К
1	Receiving Party Code	Receiving Party Name	Transaction Code	Transaction Key	Component Code	Expense Type	Amount	Remarks	Action Type	Account N	lumber
2	BORPU00058540	Ritesh Sisu	GP		A.10	R	50300		U		
3	BORPU00058540	Ritesh Sisu	IT				503		U		
4	BORPU00058540	Ritesh Sisu	PTX				200		U		
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											

After Filling Excel Sheet, Rename File and Upload:

		Filled Desired Details, And Upload File				
	Expenditure	l xcel Upload				
Scheme : Project : Template : Select Excel File:	9156 - NATIONAL HEALTH MISSION Select ▼ Excel_Based_Bulk_Customization ▼ Browse No file selected.	Customization Name : Module: Vendors : Payment Mode:	Salary_Demo_Faizan			
	Upload File		© EPaymentUsingDigitalSignature			

	CPSMS]		Refresh	Jpload History
FileName	File uploaded Successfully ! To check update(s) status, click on "Refresh Upload History" button.	Invalid Records	Status	Uploaded on	Uploaded By
SIH& FW SALARY156.xls			Pending	09/11/2016 03:07 PM	STATEDO

Note: User can download original and status file only for last 10 days

After Uploaded Successfully Status will be Shown As 'Successfully Complete'

Refresh Upload History

	Excel Upload History										
FileName	Template	Scheme	Total Records	Valid Records	Invalid Records	Status	Uploaded on	Uploaded By			
NewSalary_Payment_BulkCustomization.xls	Excel_Based_Bulk_Customization	9156 - NATIONAL HEALTH MISSION	3	3	o	Successfully Complete	11/11/2016 10:15 AM	STATEDO			
NewSalary_Payment_BulkCustomization.xls	Excel_Based_Bulk_Customization	9156 - NATIONAL HEALTH MISSION	3	o	3	Validation Errors	10/11/2016 05:36 PM	STATEDO			

After Uploaded Successfully.. Goto: Masters>Bulk Customization>Manage

You can Modify Your Customization Here:

Customization Name	e Module	Module Scheme Name			DELET	
		Enal	bled 🔘 Disabled			
		Manage Schen	ne Bulk Customizati	ion		
			Save Cancel			
My Funds	Þ	Locations		Þ		
Agencies	D	Vendors		Þ		
My Schemes	D	Beneficiary Mar	nagement	Þ	<u>Manage</u>	
Masters	Þ	Bulk Customiza	ition	Þ	Bulk Customization using Excel	
My Details	D					
Reports						

After Creating Customization. Goto: Expenditures>Add New

My Funds	
Transfers D	
Advances D	
Expenditures D	<u>Add New</u>
Bank D	Manage
Misc. Deduction Filing	Manage Bulk Fund Expenditure
Utilisation Certificate	Voucher Printing Expenditure

After Creating Customization. Goto: Expenditures>Add New

			Create	Expenditure Detail	5			
	Expenditure Header:	Select The Sche	me. In Which You Have Created Customization					
		Scheme: *	Select	•				
		Project:		-				
		Bank Account:*		•				
	E	xpenditure Done For: *	Select	•				
	Le	tter/Office Order No.:*						
	Office Order Lett	er Attachment (if any):	Browse No file selected.	Upload				
			Note: Only files of type jpg, p	ng, and pdf of size not	more than 4MB are			
			-					
			Create Expenditure D	etails				
Expenditure Header:	After Select 7	The Desire Sch	ieme, Click On Cι	ustomization	Name, Which You Have Created:			
	Scheme: *	9156 - NATIONAL HEAL	TH MISSION	•	Customization Name			
	Project:Select			•	Faizan's Customize			
	Bank Account:*	Select		•				
	Expenditure Done For: *	Select		•				
	Vendor: *	Select		•				

After Click on Customization Name, Please Fill The Details:

Funds Expenditure Bulk Uploading Using Excel								
Scheme :	9156 - NATIONAL HEALTH MISSION							
Bank Account :	30240401823 - Orissa State Health & Family W 🔻 Available balance : 13978506.40							
Project :	Select Select Project, If Applicable							
Letter/office order no.:	0075996 Enter Letter/Order No.							
Office Order Letter Attachment (if any):	Browse No file selected. Upload Upload Upload Upload Letter/Order, If you have in Hard Copy Note: Only files of type jpg, png, and pdf of size not more than 4MB are allowed.							
Uploaded Office Order Letter:								
Letter/office order Date:	11/11/2016 Select Date							
Actual Transaction Date:	12/11/2016 Select Transaction Date							
Expenditure Amount:	1000							
Narration:	Salary 194							
Voucher Number:								
Narration For PassBook:	Salary							
After Filling, All The Detai	Is, Click Here Pre-Processing verification Cancel							

After Verification of Vendors' Details. Click On 'Process and Save'

				Pre-Processing ve	erification Process	and Save	Cancel				
14 4	4 4 1 of 1 🕨 🕅 💠 🛛 Find Next 🔍 - 😳										
									Rece	eiving	; Party Details
S. No.	Receiving Party Na	ime	Receiving Par As Per PFMS	ty Name	Receiving Party Code	Bank Name	:	IFSC Code	Bank Account Ne	D.	Transaction Key
1	Faizan Alam		Faizan Alam		VAORPU00000108	STATE BANI	OF INDIA	SBIN0000094	30432120786		
for Bulk	Customizatio	n "Faizan's Cu	istomize"								
S. No.	Deduction Code	Deduction Descrip	ntion	Component Code	Component Name		Expense Type	Transaction Amount (In Rs.)	Net Payable (In Rs.)	Valida	tion Error
1	РТХ	Professional Tax	(200.00			
2	IT	IncomeTax						503.00			
3	GP	Gross Payment		A.10	Programme/NRHM Management Cost	1 t	Revenue	50,300.00	49,597.00		
-			-			-					

After Click On 'Process and Save'.. Record Will be Submit Successfully.

		Funds Expenditure Bul	k Uploading Det	ails				
		Record submittee	successfully					
Uploaded Office Order Letter	:							
[I4] 4 1 of 1 ▷	Find Next 🔍 - 🛞							
				Expendi	ture Details			
Letter/Office Order No:	0075996		Letter/O)ffice Order Date:	11-11-2016			
Actual Transaction Date:	11-11-2016	Scheme Name: NATIONAL HEALTH MISSION (9156)						
Bank Account:	30240401823 Project:							
Expenditure Amount:	50,300.00	0,300.00 Purpose of Expenditure: Salary						
Status:	Submitted			Remark:	Save			
							Component Det	ails
Receiving Vendors:	Receiving Party Name	Payment Mode	Deduction Amount	Non Deductable Amount	Net Amount	Expenditure Amount	Name	Amount
	Faizan Alam	EPaymentUsingPrintAdvice	703.00	0.00	49,597.00	50,300.00	Programme/NRHM Management Cost	50,300.00
				Cancel Trans	action Back			

After Submit Successfully. Login With Agency Data Approver's Login. Goto: Fund Expenditures>Manage Bulk Fund Expenditure

Fund Transfers	
Fund Advances	
Fund Expenditures	Add New Expenditure Entry
Bank	Manage Fund Expenditures
Register/ Track Issue	Manage Bulk Fund Expenditure

After Logged in With Agency Data Approver's Login. This Screen Will Appear.

Status will be shown as 'Submitted', Click on Letter No. to Approve Expenditure.

				04.17.10111	
		Manage Expenditu	re Bulk Uploading		
Module	: © Expenditure O Advances O Tr	ransfers			
Schemes	9156 - NATIONAL HEALTH MISSION		•		
Bank Account	30240401823 - Orissa State Health & Far	mily Welfare Society	•		
Project	Select		•		
Letter/office order no.	:				
Status	Select				
Click On the Letter No. (of Fund Expenditure's En	try Sea	rch		
		Selecte	d Funds		
Letter/office order no.	Customization Type	Project	Letter/office order Date	Amount	Status
0075996	Excel		11/11/2016	50300.00	Submitted

After Logged in With Agency Data Approver's Login. This Screen Will Appear.

Uploaded Office Order Letter: Find | Next 🛃 🗸 🚯 of 1 🕨 🕅 🔶 Expenditure Details Letter/Office Order No: 0075996 Letter/Office Order Date: 11-11-2016 Actual Transaction Date: 11-11-2016 Scheme Name: NATIONAL HEALTH MISSION (9156) Bank Account: 30240401823 Project: Expenditure Amount: 50,300.00 Purpose of Expenditure: Salary Status: Approved Remark: Approved Component Details Receiving Party Name Payment Mode Deduction Non Net Amount Expenditure Name Amount Amount Deductable Amount Receiving Vendors: Amount Faizan Alam EPaymentUsingPrintAdvice 703.00 0.00 49.597.00 50,300.00 Programme/NRHM Management 50,300.00 Cost Click Here to Approve Entry Approve/Reject Back

Click on 'Approve' Button to Approve Expenditure Entry.

After Approve the Entry with Agency Data Approver. Click on 'Print Payment Advice' to Generate PPA For Payment.

		Funds Expenditure Bu	k Uploading De	etails				
Uploaded Office Order Letter	:							
[I4] 4 1 of 1 ▷	Þi 💠	Find Next 🔍 🗸 🌍						
				Expendi	ture Details			
Letter/Office Order No:	0075996		Letter/	Office Order Date:	11-11-2016			
Actual Transaction Date:	11-11-2016	Scheme Name: NATIONAL HEALTH MISSION (9156)						
Bank Account:	30240401823 Project:							
Expenditure Amount:	: 50,300.00 Purpose of Expenditure: Salary							
Status:	Approved			Remark:	Approved			
							Component De	:tails
Receiving Vendors:	Receiving Party Name	Payment Mode	Deduction Amount	Non Deductable Amount	Net Amount	Expenditure Amount	Name	Amount
	Faizan Alam	EPaymentUsingPrintAdvice	703.00	0.00	49,597.00	50,300.00	Programme/NRHM Management Cost	50,300.00
Print Payment Advice	After Approve Click 'Print Pay	the Expenditure's E ment Advice'	ntry,	B	ack			

After Click on 'Print Payment Advice' PPA will Generate For Payment. Take a Print Out of PPA for Further Bank Process.

PFMS Generated DBT Payment Advice/Authority

Approval date in PFMS: 11 Nov 2016 Payment Advice No.: C061511008414			ANNEXURE -I						
Advice Print Date : 11 Nov 2016			(An page to be stomped and initial and last page to be signed in FOLL with stamp)						
PAN No.: BBNO-00479D		TAN No.: BBN000479D	Payment Advice No.: C061511008414						
Note For Branch:			Sr.N	Name of Beneficiary	Bank Name	Account Number	Aadhaar Number	IFSC/IIN/MICR Code	Amount(In Rs.)
Bank's PFMS Nodal Officer:	Mr. Nitin Panandikar	Phone No. : 9867568432	1	Faizan Alam	STATE BANK OF	30432120786		SBIN0000094	49,597.00
Email :	it.newprojects@sbj.co.in				INDIA				
								Total Amount(Rs)	49597.00
Note:	Please acknowledge and do the needful as prescribed by bank to complete transactions.								

To,

The Branch Head STATE BANK OF INDIA SECRETARIATE BRANCH, BHUBANESWARBranch	
We authorise the bank to debit our undernoted account mai credit the beneficiary(ies) (#1) as per ANNEXURE-I uploaded t	intained with the bank with batch amount and to bank's central system through PFMS O/o CGA.
Bank Account No. 30240401823	Total Amount of Debit : Rs 49597.00
(Amount in work	ds : Forty-Nine Thousand Five Hundred Ninety-Seven) Batch No. C061511008414
No. Of Beneficiaries as per Annexure-I.	5001110
Agency Sea	al
(Sign by Authorized Signatory)	(Sign by Authorized Signatory)
Name	Name
Designation	Designation
Mobile No	Mobile No
Agency's Copy (Branch Ackn	nowledgement)
To,	
Orissa State Health & Family Welfare Society	
Ref: Account No. 30240401823	
Payment Advice Number C061511008414	
We confirm having received the captioned advice of credit(s) for pa of bank on integrated PFMS-Bank payment system.	ayment today for further processing as per arrangement
No. Of Beneficiaries : 1	Amount (in Rs.) : 49597.00
Date & Time :	
STATE BANK OF INDIA Branch Seal	Branch Authorized Official
Agency to enter date of delivery in PFMS using option E-Payment	t => PPA Submission Status

2FME