



*ebt*EDGESM Provider Portal User Guide

Release Date: April 20, 2025



Revision History

| Release Date | Sections Edited | Description |
|-------------------|-----------------|---|
| April 20, 2025 | Section 1 | Updated topics: <ul style="list-style-type: none"> • Online Registration • Forgot My Password |
| | Section 2 | Updated topic: Update My Profile |
| October 20, 2024 | Section 1 | Updated topic: Logging In |
| October 9, 2022 | Section 1 | Updated graphics. Added topic: Registration Frequently Asked Questions Updated topic: Forgot My Password. |
| February 20, 2022 | Section 1 | Replaced ebtEDGE Home page with new home page graphics. |
| January 17, 2021 | | Initial release of the manual. |

Table of Contents

- 1 Accessing the Provider Portal 5**
- Logging In 5**
- First Time Registration 6**
 - Online Registration 6**
 - Provider Registration8
 - Provider Registration (Step 2 of 5).....9
 - Provider Agreement (Step 3 of 5)10
 - Provider Agreement (Step 4 of 5)11
 - Field Descriptions11
 - Provider Agreement (Step 5 of 5)14
- Registration Frequently Asked Questions.....15**
- Forgot My Password.....16**
- 2 Application Tabs19**
- Home Tab19**
 - Update My Profile20**
- Services Tab21**
- Documentation Tab22**
 - To filter your document selection22**
 - To view the document22**
- Help Topics Tab23**
- News Tab24**
- 3 Provider Services.....25**
- View and Update Provider Information25**
- Review Provider Contract.....27**
- View Provider Deposits27**
 - To save a search result28**

- Print page.....30**
- To view the deposit details.....31**
- View Provider Transactions32**
 - To export a search result.....33**
- Supply Requests34**
 - Order Supplies34**
 - Shipping Information Section35**
 - Order Detail Section36**
 - To delete products from the ordered list36
 - To add more products to the ordered list37
 - To submit the order38
 - To cancel the order39

1 Accessing the Provider Portal

This section includes instructions for providers to log in to the Provider Portal and register online.

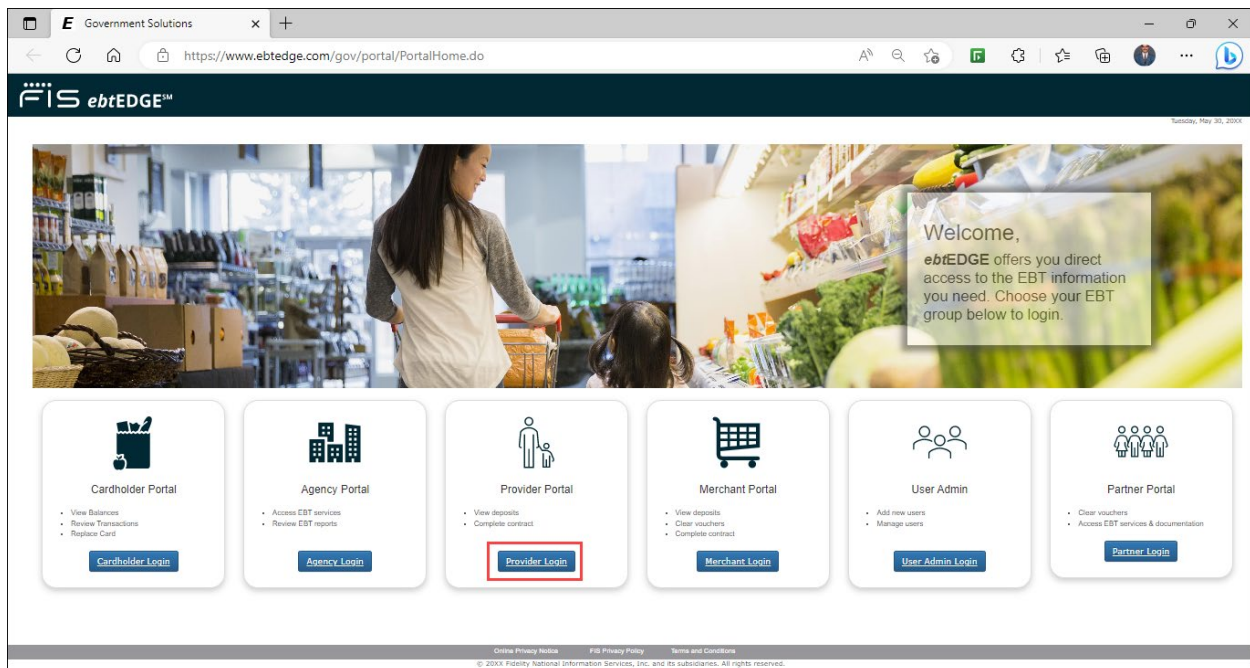
Logging In

The following procedure is intended for registered users for logging in to the application.

Note: New users must complete the [First Time Registration](#) procedure before they can log in to the application.

To log in to the Provider portal:

1. Go to the ebtEDGE landing page (www.ebtEDGE.com).



ebtEDGE Landing Page

2. Click **Provider Login** in the left navigation bar. The Provider Log In page displays.

Provider Log In Page

3. You can view relevant documents by selecting from these options in the green banner at the top of the page:

- Agreements
- POS Download
- Manuals

4. Enter your **User ID** and **Password** in the respective fields.

5. Enter the alphanumeric content displayed in the Captcha field. Alphabet letters must be entered in lowercase or uppercase as shown.

6. Click the **Login** button.

First Time Registration

Follow the instructions below to register as a provider online.

Note: Before you can register, you must follow your state’s guidance to obtain an **FIS Provider ID**, either from the State or from FIS directly.

Online Registration

The *Provider Registration* screen is used for online registration. Click the **Complete your contract or register online now** link on the Log In page.

The Provider Registration screen displays.

Provider Registration
*=Required

Enter your Provider Identification, User Access information and click Continue to begin the online registration process.

Provider Identification

*FIS Provider ID:

*Provider Phone #: - -

*State or Program:

*Last 4 digits of Provider's Bank Account #: [Help?](#)
Only used in adding an additional User ID and will gray out after choosing a "Program" in the above drop-down box.

User Access

*User ID: (User ID must be an email address; sample: John_Doe@provider.com)

*Re-enter User ID:

*Password: (Passwords must be between 15 and 21 characters long and must contain at least 1 number, 1 lower case letter and 1 upper case letter, with no special characters. The password may also have up to a maximum of 3 repeating characters.)

*Confirm Password:

*Challenge Question 1:



*Challenge Response 1:

*Challenge Question 2:

*Challenge Response 2:

*Challenge Question 3:

*Challenge Response 3:

* Enter the text shown above :

Note: If you have questions or experience problems with the registration process, call null

Provider Registration Page

Provider Registration

The Provider Registration page displays fields in two sections:

- [Provider Identification](#)
- [User Access](#)

Note: You must enter valid information for all fields in the Provider Identification and User Access sections, and then click the **Continue** button to begin the online registration process. Warning messages may appear to help you enter the required information accurately.

Provider Identification Section

1. Enter the FIS provider identification number in the **FIS Provider ID** field.

Note: Follow your State’s guidance to obtain your **FIS Provider ID**, either from the State or from FIS directly.

2. Enter your contact phone number in the **Provider Phone #** field.
3. Select the appropriate item from the **State or Program** drop-down list.
4. Enter the last four digits of your bank account number in the **Last 4 digits of Provider's Bank Account #** field.

Note: This field is disabled if you selected “New Provider” from the State or Program drop-down.

You can hover over the **Help?** link to view how to locate your bank account number.

User Access Section

1. Enter a valid email address in the **User ID** field.

Note: The email address must be unique in the Provider Portal. You cannot register using an email that has been registered previously.

2. Enter the email address that you entered in the User ID field again in the **Re-enter User ID** field.
3. Enter your password in the **Password** field.
4. Enter the same password that you entered in the Password field in the **Confirm Password** field.

5. Select three *different* questions from the **Challenge Question** drop-down lists. There are many Challenge Questions currently in the list; examples are:
 - What is your city of birth?
 - What is your favorite beverage?
 - What is your favorite food?
6. Enter your answers to the selected questions in the **Challenge Response** fields.
7. Enter the CAPTCHA text in the text box.
8. Click the **Continue** button to begin the online registration process. The Provider Registration (Step 2 of 5) screen displays.

or

Click the **Cancel** button if you want to clear the entered fields and enter them again.

Provider Registration (Step 2 of 5)

1. Click the **View Agreement** button. The system displays the State’s Agreement form.



Step 2 of 5 – Provider Registration

2. Click the **Continue** button. The Provider Agreement (Step 3 of 5) screen displays.

Provider Agreement (Step 3 of 5)

Follow the instructions given on the screen.

1. Select the check box to acknowledge that you have read and agreed to the agreement.

Step 3 of 5 – Provider Registration

2. Click the **Yes. I accept these terms** button. The Provider Agreement (Step 4 of 5) screen displays.

Note: If you do not agree and click the **No. I do not accept these terms** button, then you will be directed back to the Log In page. If you click the **Back** button, you will be directed to the previous page to review the agreement.

Provider Agreement (Step 4 of 5)

1. Enter the requested information and select the appropriate options given in the screen.

Step 4 of 5 – Provider Information

Field Descriptions

Address 1

Display Only

The first line of the Provider’s street address.

Address 2

Display Only

The second line of the Provider’s street address.

City

Display Only

The Provider’s city.

State

Display Only

The Provider's State.

Postal Code

Display Only

The zip code of the Provider's address.

Use of Point of Sale (POS) Terminal

Select the appropriate option:

- Payment using the Web (Internet)/Payment using the Phone (IVR)
- Monthly POS Terminal Fee

Connectivity Type of POS Terminals

Select the appropriate option:

- No POS Terminal needed
- Dial up only
- Broadband Internet with Dial backup

PIN Pad Requirements

Select this option if you require an external PIN pad:

- External required

First Name

Enter the first name of the contact person for the Provider.

Last Name

Enter the last name of the contact person for the Provider.

Phone # (if different)

Enter the phone number of the Provider's contact person if it is different from the primary phone number shown at the top of the page.

Email

Enter the Provider's email address.

Emergency Phone #

Enter the emergency contact phone number of the Provider.

IRS Legal Filing Name

Enter the legal name of the Provider’s enterprise used for tax filing purposes. If the Provider files with a Social Security Number (SSN), the IRS legal name CANNOT be the name of the company. The SSN must match the person the SSN is assigned to.

Federal Tax ID or SSN

Enter the Federal Tax Identification number or the Social Security Number of the Provider. Then, select the correct option:

- Federal Tax ID
- SSN

Type of Business

Select the type of business. Options include:

- Corporation
- Individual / Sole Proprietor
- Partnership
- Nonprofit / Tax-exempt
- Government Entity
- LLC
- Foreign Entity

Note: If you check "Foreign Entity", you must complete and provide FIS with a signed form W-8BEN Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding.

Download from <https://www.irs.gov/pub/irs-pdf/fw8ben.pdf>

Bank Routing Number

Enter the bank routing number of the Provider.

Re-Enter Bank Routing Number

Re-enter the bank routing number.

Bank Account Number

Enter the bank account number of the Provider.

Re-Enter Bank Account Number

Re-enter the bank account number.

Account Type

Select the type of bank account. Options include:

- Checking
- Prepaid
- Savings

Transaction Processing Cutoff Time

Enter the time of day that the Provider cuts off transaction processing each business day.

Then, select AM or PM.

2. Click the **Continue** button. The Provider Agreement (Step 5 of 5) screen displays.

Provider Agreement (Step 5 of 5)

1. Enter your name in the **Signed By** field and your business title in the **Title** field on the screen.

Step 5 of 5 – Provider Agreement

2. Click the **Continue to ebtProvider** button to submit the contract.

Provider Registration Confirmation

The Provider Registration Complete page displays a confirmation message indicating that the online registration process was successfully completed.

1. Click the **Continue to ebtProvider** button to begin using the application.
2. Click the **Log off** button to return to the Provider Log In page.

Registration Frequently Asked Questions

Question: What should I do if I'm not able to complete the registration online (using the Provider Portal)?

Answer: If you're not able to complete the online registration, you can print the Provider Agreement form and follow the instructions provided to complete and return your agreement to FIS. The agreement can be found under the Agreements tab on the Provider Log In page.

Question: How do I update the bank information for my direct deposit?

Answer: Complete a Bank Information Change Request form and submit it to the Merchant Services Team at FIS. The form can be found the Documentation tab of the Provider Portal.

Question: How do I add a contact to my FIS account?

Answer: Complete a Change Contact Information Request form and submit it to the Merchant Services Team at FIS. The form can be found the Documentation tab of the Provider Portal.

Question: What should I do if there is an ownership change in my business and the Tax Information is changing?

Answer: Please work with your state agency to create a new profile and obtain a new Provider ID; once your new profile is created, you can use the Provider Portal to register online.

Forgot My Password

If you forget your password, you can request a new one.

To request a new password:

1. Click the **Did you forget your password** link on the Provider Log In page.

Provider Log In Page

The Forgot Your Password page displays:

Forgot Password – User ID

2. Enter your email address in the **User ID** field.
3. Enter the CAPTCHA text that you see on the screen in the text box.
4. Click the **Next** button or click the **Cancel** button to return to the Provider Log In page.

The Answer Your Challenge Question(s) page displays

Forgot Password – Challenge Question

5. Answer the challenge question that appears; you must enter the same challenge response that you entered when you registered.
6. Enter the CAPTCHA text in the text box.
7. Click the **Next** button.

After you click **Next**, FIS sends an email to you with a temporary password. The email will be sent from **FIS eAccess**.

8. Click **OK** on the Log In Using Using Temporary Password page to return to the Log In page.

Confirmation with Instruction

9. Log in using the temporary password sent in the email.

The application prompts you to immediately enter and re-enter a new password.

Please change your current password before continuing.

Note :The new password must be 15-21 characters in length. The new password must contain at least one uppercase letter, one lowercase letter, and a number. The password can contain special characters. The new password will expire in 45 days.

User ID*

Old Password*

New Password*

Confirm New Password*

10. Click on **Continue** to return to the Log in page.

Your new password has been set.

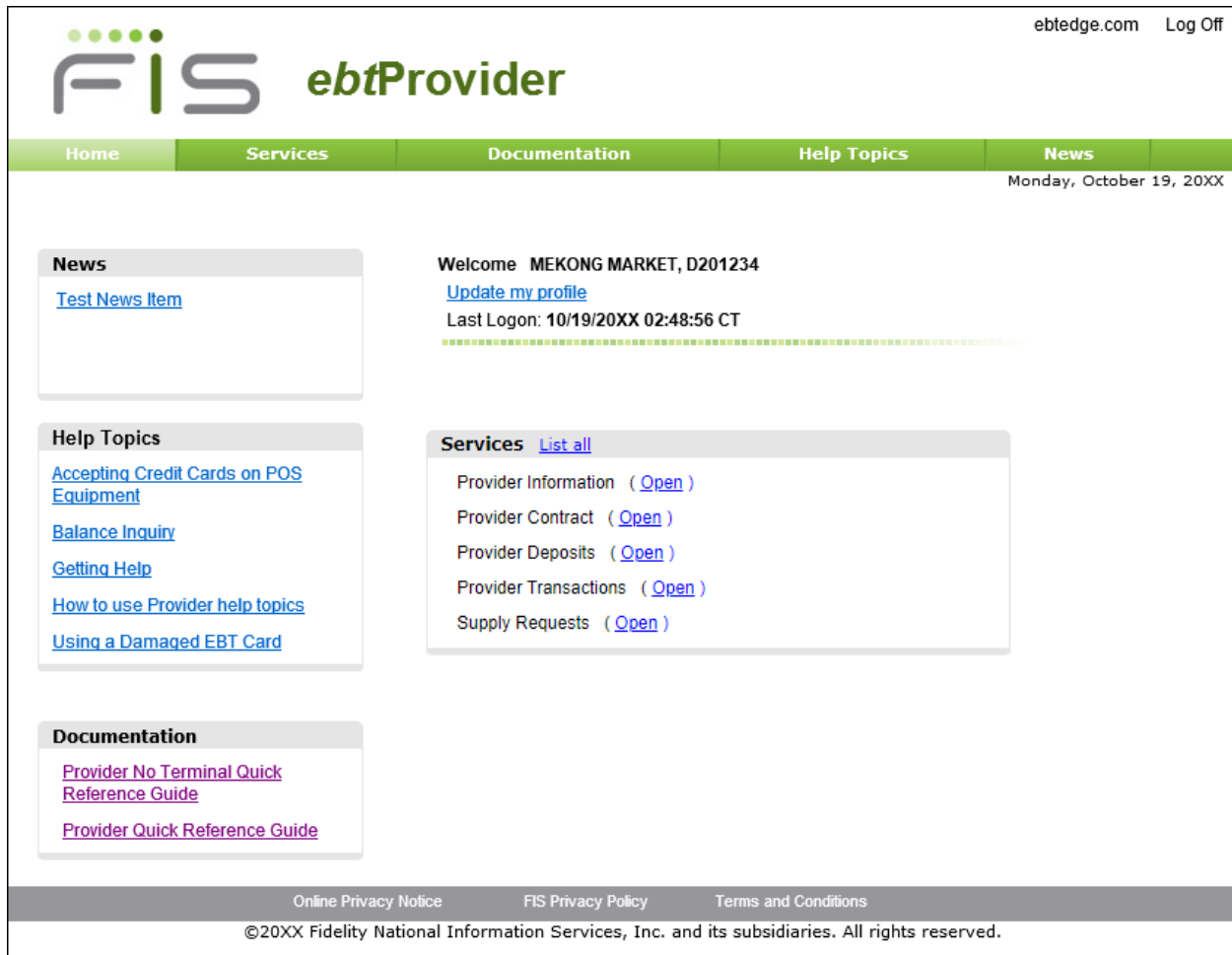
Use this new password the next time you log into your account.

11. Log in again to the Provider Portal with your new password.

2 Application Tabs

Home Tab

Select the **Home** tab to access features and information quickly.



Home Tab

The **Home** tab displays links to the following features in different panels:

- [News Alerts](#)
- [Help Topics](#)
- [Documentation](#)
- [Update my profile](#)
- [Services](#)

Click the topic links for more information.

Update My Profile

You can change your password and update challenge questions and responses by selecting the **Update my profile** link on the **Home** tab.

Update My Profile

Modify the information that needs to be changed and click Update.

User Access

User ID: **EBT User**

*Current Password:

Change Password

New Password: (Passwords must be at least 15 characters but no more than 21 characters long and must contain at least 1 number, at least 1 lower case and at least 1 upper case letter.)

Confirm New Password:

Change Challenge Questions/Responses

Challenge Question 1:

Challenge Response 1:

Challenge Question 2:

Challenge Response 2:

Challenge Question 3:

Challenge Response 3:

Update My Profile Page

Note: Once you select Challenge Questions and Responses the first time you log in, it is not necessary to change the questions and responses again unless you decide to.

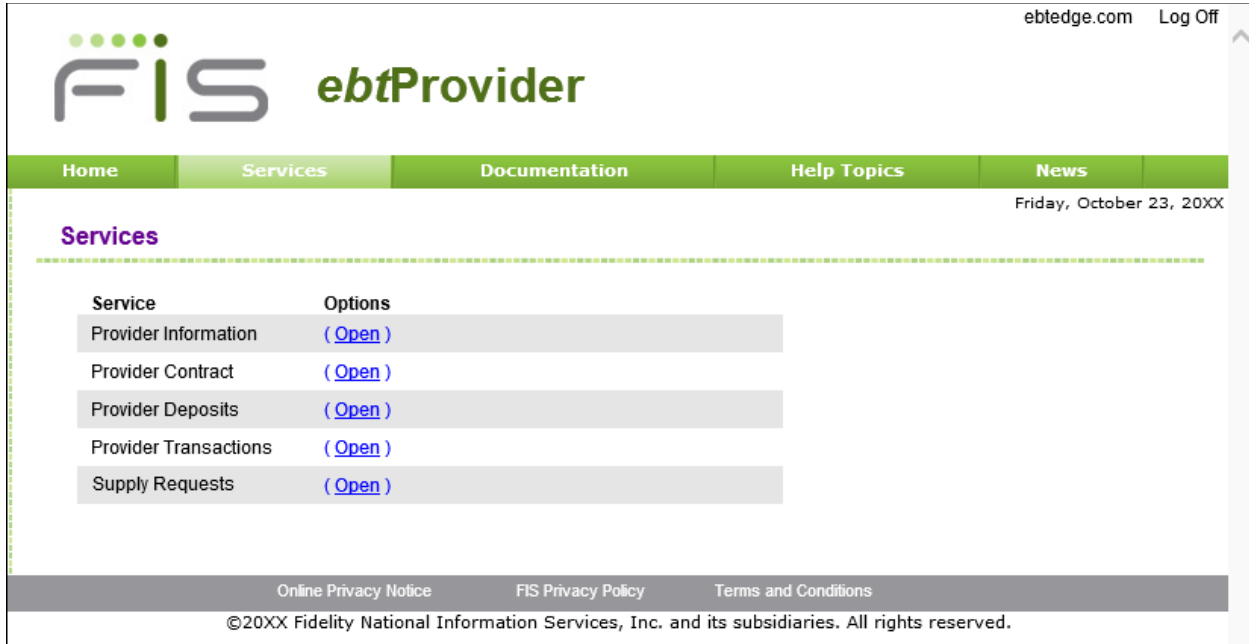
The system allows you to update your profile in the following ways:

- Change your password and answer your existing challenge questions.
- Change your password and the responses to your existing challenge questions.
- Change your password and challenge questions and responses.

In all cases, you must change your password and answer (or change) all three challenge questions.

Services Tab

Select the **Services** tab to access services that you have permission to view and/or update.



Services Tab

The following services are currently available:

- Provider Information
- Provider Contract
- Provider Deposits
- Provider Transactions
- Supply Requests

Documentation Tab

Select the **Documentation** tab to view the available documentation.

ebtedge.com Log Off

Home Services **Documentation** Help Topics News

Tuesday, October 20, 20XX

Documentation

This page contains links to PDF format files. If you do not have the software to view the PDF files, click the Get Acrobat Reader button or follow the link <http://www.adobe.com/products/acrobat/readstep2.html>

Select a Type: Select a Service:

| Title | Type | Service | Release Date | Version |
|---|-----------------|----------------------|--------------|---------|
| Provider No Terminal Quick Reference Guide | Quick Reference | Provider Information | May 1, 2004 | 1.0 |
| Description: This is a test provider quick reference document | | | | |
| Provider Quick Reference Guide | Quick Reference | Provider Information | May 1, 2004 | 1.0 |
| Description: This is a test provider quick reference document | | | | |

[Back to Top](#)

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Documentation Tab

To filter your document selection

1. Select the type of document from the drop-down list next to the **Select a Type** field.
2. Select a service from the drop-down list next to the **Select a Service** field.
3. Click the **Search** Button. The selected documents display.

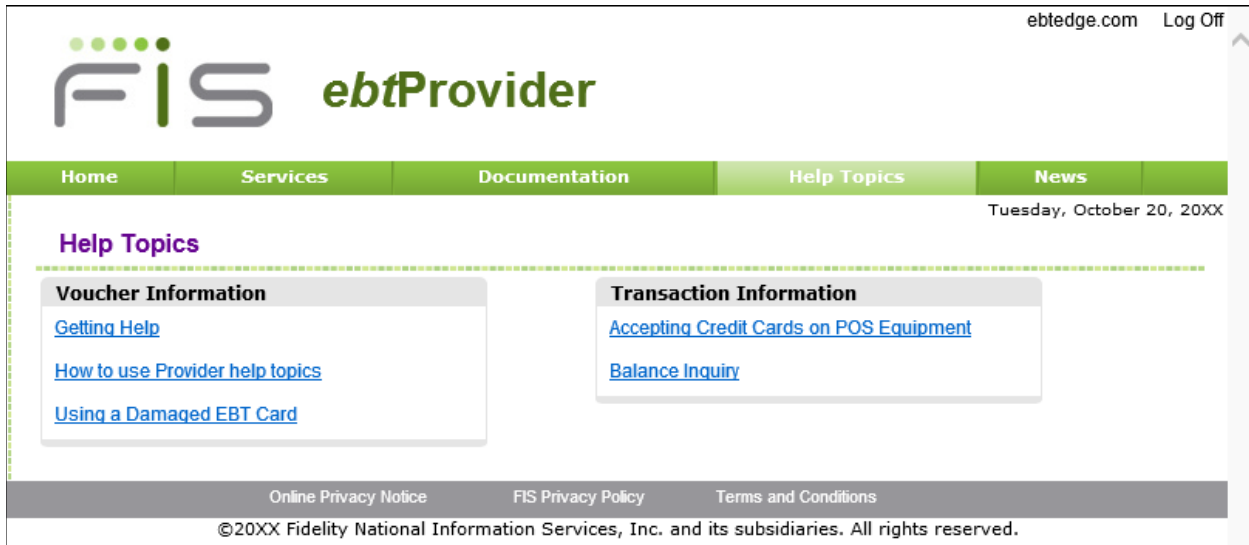
To view the document

Click the document name below the **Title** field. The PDF of the selected document displays.

Click the **Back To Top** link to scroll to the top of the Documentation tab.

Help Topics Tab

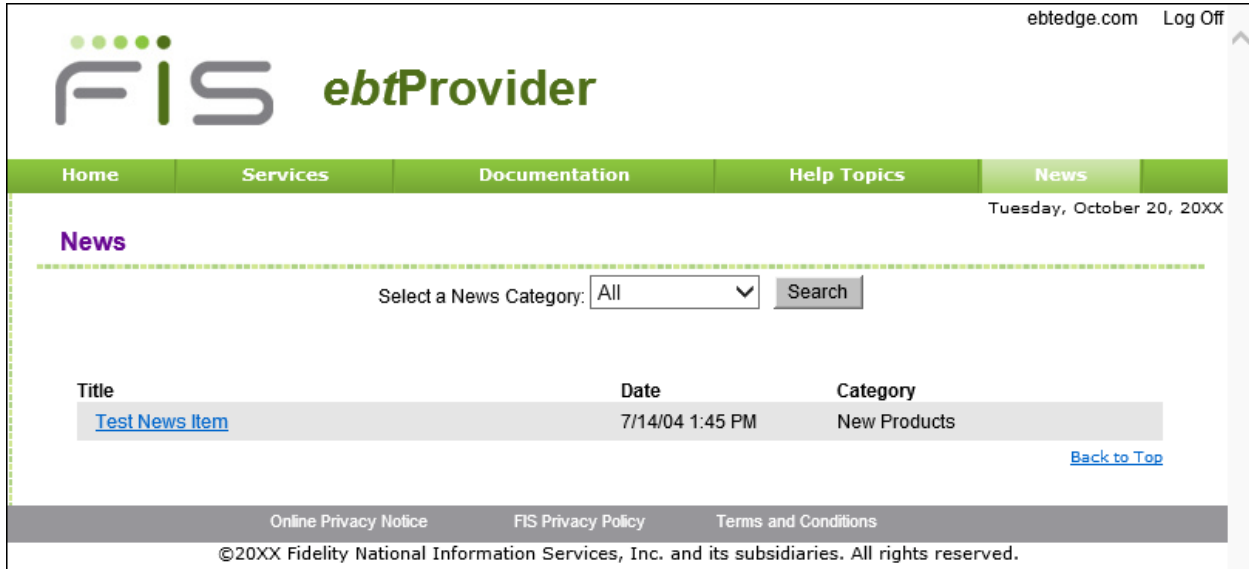
Select the **Help Topics** tab to go to the Help Topics page. Click the required link to go to a specific Help Topic.



Help Topics Tab

News Tab

Select the **News** tab to go to the News page. Click the required link in the News section to go to a specific news item.



News Tab

Choose a category from the **Select a News Category** drop-down and click on **Search**. Click on a news title to view the item.

3 Provider Services

Providers can perform the following tasks online:

- View and update Provider Information
- Review Provider Contract
- View Provider Deposits
- View Provider Transactions
- Request Supplies

View and Update Provider Information

Select the link on the **Services** tab to access a page that displays the information about the provider that was entered upon registration:

ebtledge.com [Log Off](#)

Home
Services
Documentation
Help Topics
News

Tuesday, October 20, 20XX

Provider Information [Back to Services](#)

Contract Status: Signed
Location ID #: D201234

Provider Information *Required

Name: MEKONG MARKET Phone #: 123-456-7890

Address 1: 1640 N BROADWAY Fax #: 122 - 111 - 2222

Address 2:

City: WICHITA

State: KS

Postal Code: 67214

Provider Hours

[Click Yes, if open 24x7, or enter your daily store hours in your local time zone.](#)

Open 24x7: Yes No

OR

Monday: 12:00 am To 11:59 pm Enter the time your transaction processing cuts off each day.

Tuesday: 12:00 am To 11:59 pm * Transaction Processing Cutoff Time: 12:00 AM

Wednesday: 12:00 am To 11:59 pm

Thursday: 12:00 am To 11:59 pm

Friday: 12:00 am To 11:59 pm

Saturday: 12:00 am To 11:59 pm

Sunday: 12:00 am To 11:59 pm

(The 24 hour period from one Cutoff Time to the next is your processing day. If your Cutoff Time is before the ACH deposit deadline of 06.00 p.m. CST your processing day funds will be deposited in your bank account the next business day. If it is after 06.00 p.m., your funds will be deposited in two business days.)

Provider Contact

*First Name:

*Last Name:

Home Phone #: - -

[Back To Top](#)

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Provider Information Page

To update Provider Information:

1. Modify the required information on the Provider Information page.
2. Click the **Update** button.

Note: The Update button displays only with the required permission(s), otherwise the information is read-only and cannot be updated.

If information is updated, a page displays a confirmation message.

Review Provider Contract

Select the link on the **Services** tab to access a page that displays the Provider Contract. The Provider Contract will open in the word format in a new window.

View Provider Deposits

Select the link on the **Services** tab to view and print the Provider Deposits list, and view and print your deposit details.

Provider Deposits with Date Selection

Select the **Date** radio button, and click the calendar icon to select the date for which you want to display the Provider Deposits,

or

Select the **Date Range** radio button, and click the calendar icons next to the **From** and **To** fields to select the date range of deposits you want to display.

Note: By default, the *Date* radio button is selected.

Click the **Show Deposits** button to view all deposits in order by settlement date, most recent first (or click the **Back to Services** link at the top of the page to return to the **Service** tab).

Home Services Documentation Help Topics News

Save Search Result Summary - This Page as Excel PDF

Provider Deposits [Back to Services](#) [Back to DateSelection](#)

Location: D201234 - MEKONG MARKET

Deposit List [Printer Friendly Version](#)

| Settlement Date | Settlement Amount | Deposit Type |
|----------------------------|-------------------|-----------------------------|
| 04/03/20XX | \$700.00 | Merchant Deposits Credit-DD |
| 04/03/20XX | \$1480.25 | Merchant Deposits Credit-DD |
| 04/03/20XX | \$410.00 | Merchant Deposits Credit-DD |
| 11/17/20XX | \$700.00 | Merchant Deposits Credit-DD |
| 11/17/20XX | \$1480.25 | Merchant Deposits Credit-DD |
| 11/17/20XX | \$410.00 | Merchant Deposits Credit-DD |

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Provider Deposits

Click the **Next** link on the page to view the next set of Provider Deposits.

Click the **Back to Services** link at the top of the page to return to the Services tab.

Click the **Back to Date Selection** link at the top of the page to return to the Provider Deposits - Date Range page.

To save a search result

1. Select the category from the drop-down list next to the **Save Search Result** field. By default, the value “Summary-This Page” displays in the Save Search Result field.
2. If you select the **Excel** radio button next to the **Save Search Result** field and click the **Save** button, the displayed Provider Deposits list opens in an Excel format:

The screenshot shows an Excel spreadsheet with the following content:

Search Criteria

Location: D201234 - MEKONG MARKET
 Agency: KSSRS
 Date/Date Range: 10/01/20XX to 10/08/20XX

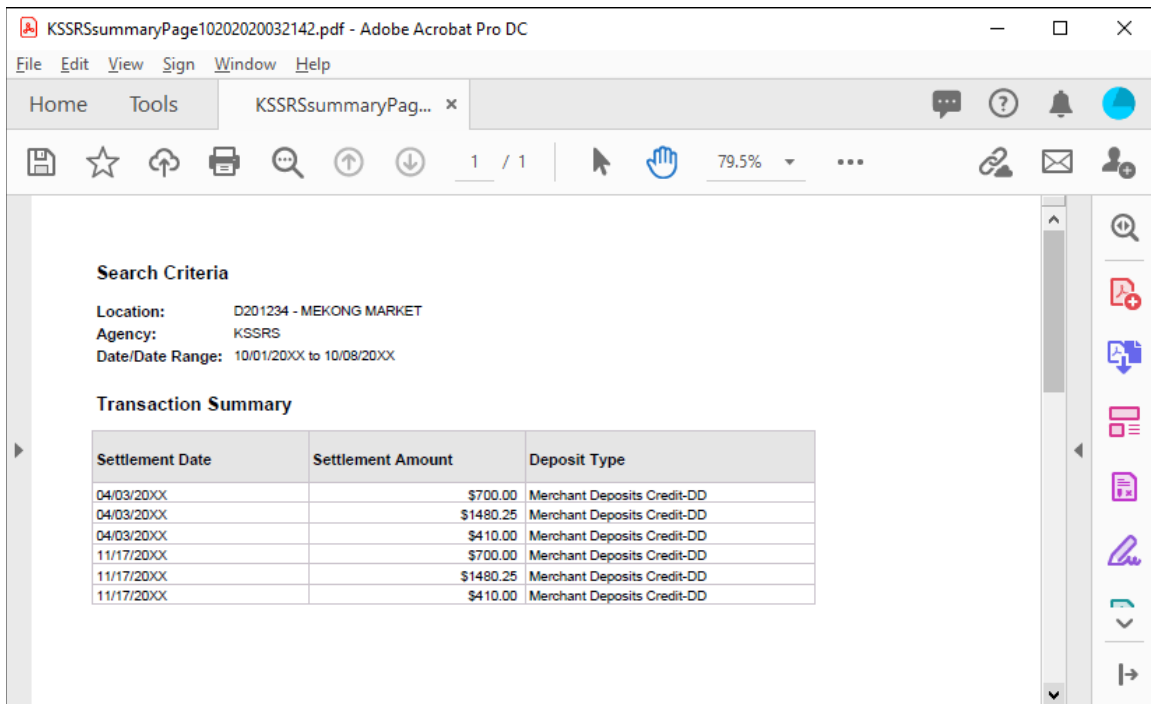
Transaction Summary

| Settlement Date | Settlement Amount | Deposit Type |
|-----------------|-------------------|-----------------------------|
| 04/03/20XX | \$700.00 | Merchant Deposits Credit-DD |
| 04/03/20XX | \$1480.25 | Merchant Deposits Credit-DD |
| 04/03/20XX | \$410.00 | Merchant Deposits Credit-DD |
| 11/17/20XX | \$700.00 | Merchant Deposits Credit-DD |
| 11/17/20XX | \$1480.25 | Merchant Deposits Credit-DD |
| 11/17/20XX | \$410.00 | Merchant Deposits Credit-DD |

The spreadsheet also shows a 'Provider' tab at the bottom and a status bar with 'Ready' and '100%' zoom.

Search Result – Excel

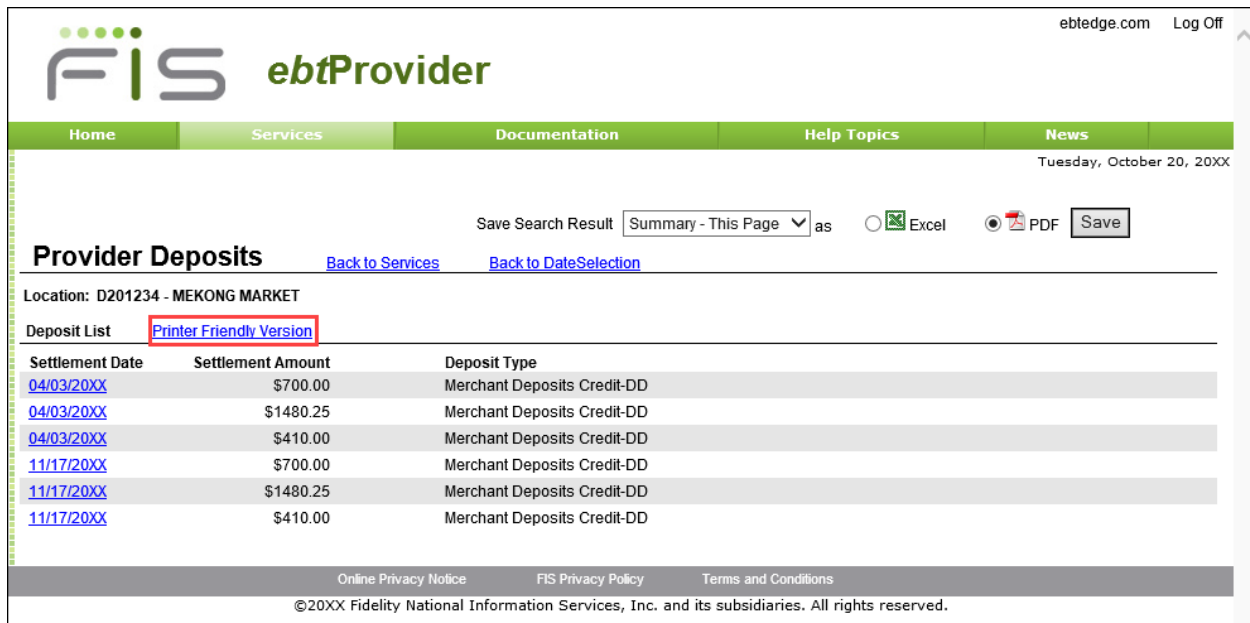
- If you select the **PDF** radio button next to the **Save Search Result** field and click the **Save** button, the displayed Provider Deposits list opens as a PDF file.



Search Result – PDF

Print page

You can also print directly from the Providers Deposits page, by clicking on the **Printer Friendly Version** link:



Search Result – Printer Friendly Option

The printable page contains instructions to click the Print icon on your browser and a link to **Back to Deposit List** to return to the regular view:

Click the Print icon on your browser window or click File and then Print

Provider Deposits [Back to Deposit List](#)

Deposit List

| Settlement Date | Settlement Amount | Deposit Type |
|-----------------|-------------------|-----------------------------|
| 04/03/20XX | \$700.00 | Merchant Deposits Credit-DD |
| 04/03/20XX | \$1480.25 | Merchant Deposits Credit-DD |
| 04/03/20XX | \$410.00 | Merchant Deposits Credit-DD |
| 11/17/20XX | \$700.00 | Merchant Deposits Credit-DD |
| 11/17/20XX | \$1480.25 | Merchant Deposits Credit-DD |
| 11/17/20XX | \$410.00 | Merchant Deposits Credit-DD |

Provider Deposits – Printable Page

To view the deposit details

Click on the **Settlement Date** link in the Provider Deposits page to view the Provider Deposits Detail page:

Home Services Documentation Help Topics News

Save Search Result Summary - This Page as Excel PDF Save

Provider Deposits Detail [Back to Services](#) [Back to Deposit List](#)

Location: D201234 - MEKONG MARKET

Deposit Detail [Printer Friendly Version](#)

| Date | Time | TranType | First Name | Last Name | Card | Amount |
|------------|----------|---------------|------------|-----------|------------------|--------|
| 04-03-20XX | 09:49 AM | CASH PURCHASE | MARY | SMITH | XXXXXXXXXXXX3998 | \$1.00 |
| 04-03-20XX | 09:34 AM | CASH PURCHASE | MARY | SMITH | XXXXXXXXXXXX3998 | \$1.00 |

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Provider Deposits Detail

The Providers Deposit Detail page contains the same options as the Provider Deposit page to open the page in **Excel** or **PDF** to print or save to your computer. There is also a **Printer Friendly Version** link to open a page for printing.

[Click the Print icon on your browser window or click File and then Print](#)

Provider Deposits Detail [Back to Deposit List](#)

Location: D201234 - MEKONG MARKET

Deposit Detail [Printer Friendly Version](#)

| Date | Time | TranType | First Name | Last Name | Card | Amount |
|------------|----------|---------------|------------|-----------|------------------|--------|
| 04-03-20XX | 09:49 AM | CASH PURCHASE | MARY | SMITH | XXXXXXXXXXXX3998 | \$1.00 |
| 04-03-20XX | 09:34 AM | CASH PURCHASE | MARY | SMITH | XXXXXXXXXXXX3998 | \$1.00 |

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Provider Deposits Detail – Printer Friendly Option

View Provider Transactions

Select the link on the **Services** tab to view the Provider Transactions list.

[ebtedge.com](#) [Log Off](#)

Home
Services
Documentation
Help Topics
News

Thursday, December 3, 20XX

Filter By: Approved Save Search Result: Summary - This Page as Excel PDF [Export](#) [Refresh](#)

Provider Transactions

[Next >>](#)

| Date | Time | Tran Type | Method | First Name | Last Name | Case Number | Card | Amount | Confirmation # |
|------------|-------|---------------------|--------|------------|----------------|-------------|-------------------|----------|----------------|
| 12/02/20XX | 17:50 | CHILD CARE TRANSFER | WEB | MARY | SMITH | 8116085883 | XXXXXXXXXXXX42459 | \$873.80 | 778579 |
| 12/02/20XX | 14:32 | CHILD CARE TRANSFER | ARU | RYAN | KRUEGER-SEELow | 7188327271 | XXXXXXXXXXXX84907 | \$890.31 | 777734 |
| 12/02/20XX | 13:22 | CHILD CARE TRANSFER | WEB | MARY | SMITH | 5113407054 | XXXXXXXXXXXX42459 | \$650.15 | 777436 |

Provider Transactions

Select an option from the **Filter By** drop-down selector to show the following transactions in the list:

- Approved
- Declined
- All

Click the **Next** link on the page to view the next set of Provider Transactions.

Click the **Refresh** button to refresh the list using the options you have currently selected.

To export a search result

1. Select the category from the drop-down list next to the **Save Search Result** field. By default, the value “Summary-This Page” displays in the Save Search Result field.
2. If you select the **Excel** radio button next to the **Save Search Result** field and click the **Export** button, the displayed Provider Transactions list opens in an Excel format:

| Date | Time | Tran Type | Method | First Name | Last Name | Case Number | Card | Amount | Confirmation # |
|------------|-------|---------------------|--------|------------|-----------|-------------|-------------------|----------|----------------|
| 12/02/20XX | 17:50 | CHILD CARE TRANSFER | WEB | MARY | SMITH | 8116085883 | XXXXXXXXXXXX42459 | \$873.80 | 778579 |
| 12/02/20XX | 14:32 | CHILD CARE TRANSFER | ARU | MORGAN | BAAKE | 7188327271 | XXXXXXXXXXXX84907 | \$890.31 | 777734 |
| 12/02/20XX | 13:22 | CHILD CARE TRANSFER | WEB | MARY | SMITH | 5113407054 | XXXXXXXXXXXX42459 | \$650.15 | 777436 |

Search Result – Excel

3. If you select the **PDF** radio button next to the **Save Search Result** field and click the **Export** button, the displayed Provider Transactions list opens as a PDF file.

| Date | Time | Tran Type | Method | First Name | Last Name | Case Number | Card | Amount | Confirmation # |
|------------|-------|---------------------|--------|------------|-----------|-------------|-------------------|----------|----------------|
| 12/02/20XX | 17:50 | CHILD CARE TRANSFER | WEB | MARY | SMITH | 8116085883 | XXXXXXXXXXXX42459 | \$873.80 | 778579 |
| 12/02/20XX | 14:32 | CHILD CARE TRANSFER | ARU | MORGAN | BAAKE | 7188327271 | XXXXXXXXXXXX84907 | \$890.31 | 777734 |
| 12/02/20XX | 13:22 | CHILD CARE TRANSFER | WEB | MARY | SMITH | 5113407054 | XXXXXXXXXXXX42459 | \$650.15 | 777436 |

Search Result – PDF

Supply Requests

Select the link on the **Services** tab to order products, submit your order form, and request for the ordered products to be shipped to your mailing address.

There is also a link to **View Previous Orders**.

Supply Requests

Order Supplies

1. Select the product(s) from the drop-down list next to the **Product** field. The description of the selected product item(s) to be ordered display in the **Item Description** box.
2. Enter the number of products that you want to order in the **Quantity** field.
3. Click the **Add** button. The ordered product(s) list display in the **Order this** box.

To *remove* selected products from the displayed list:

Click on a product in the **Order this** list box, and click the **Remove** button. The removed products are moved back from the **Order this** box to the **Item Description** box.

To remove *all* the products from the displayed list:

Select all the products by clicking on each in the **Order this** box, and click the **Clear All** button. All the products are moved back from the **Order this** box to the **Item Description** box.

4. Click the **Create Order Form** button. The Supply Requests – Shipping Information page displays:

Supply Requests *Required

Shipping Information

Verify shipping information before submitting your order to ensure prompt delivery of your supplies.

*Shipping Address 1: 1640 N BROADWAY Store Name: MEKONG MARKET

Shipping Address 2: *Contact Name:

*City: WICHITA Note: Do not use a P.O. Box for a shipping address. Supplies cannot be mailed to a P.O. Box.

*State: KS *Postal Code: 67214 -

Order Detail

To delete an item from the order, select the checkbox next to the product name and click Delete Checked items.

| Delete | Product | Quantity | Order Date |
|--------------------------|------------------------|----------|------------|
| <input type="checkbox"/> | ChildCare Non Trad QRG | 100 | 10/20/XX |

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Supply Requests – Shipping Information

The Supply Requests – Shipping Information page has two sections:

- Shipping Information
- Order Detail

Shipping Information Section

The Shipping Information section displays the shipping information data from the database. Verify the shipping address before submitting the order to ensure prompt delivery of the products that you ordered.

Note: You cannot update the shipping address details, as address information is a one time event for shipment of the order.

Order Detail Section

In the Order Detail section, you can perform the following tasks:

- Delete the ordered product(s) from the list
- Add more products to the ordered list
- Submit the order
- Cancel the order

To delete products from the ordered list

1. Select the checkbox(es) below the **Delete** field for products to be deleted from the displayed list in the Order Detail section of the Supply Requests - Shipping Information page.

The screenshot displays the 'Supply Requests' page in the ebtProvider portal. At the top, there is a navigation bar with 'Home', 'Services', 'Documentation', 'Help Topics', and 'News'. The page title is 'Supply Requests' with a '*Required' indicator. Below the title is the 'Shipping Information' section, which includes a warning to verify shipping information before submitting. The form contains fields for 'Shipping Address 1' (1640 N BROADWAY), 'Shipping Address 2', 'City' (WICHITA), 'State' (KS), 'Postal Code' (67214), 'Store Name' (MEKONG MARKET), and 'Contact Name'. A note specifies not to use a P.O. Box. An 'Update Shipping Address' button is present. Below the shipping form is the 'Order Detail' section, which includes a blue instruction: 'To delete an item from the order, select the checkbox next to the product name and click Delete Checked items.' A table lists the order items:

| Delete | Product | Quantity | Order Date |
|-------------------------------------|------------------------|----------|------------|
| <input checked="" type="checkbox"/> | ChildCare Non Trad QRG | 100 | 10/20/XX |

Below the table, the 'Delete Checked Items' button is highlighted with a red box. Other buttons include 'Add More Items', 'Submit Order', and 'Cancel Order'. The footer contains privacy notices and copyright information for FIS.

Supply Requests – Delete Checked Items

2. Click the **Delete Checked Items** button. The selected ordered products are deleted from the displayed list.

To add more products to the ordered list

1. Click the **Add More Items** button in the Order Detail section of the Supply Requests - Shipping Information page:

Supply Requests *Required

Shipping Information

Verify shipping information before submitting your order to ensure prompt delivery of your supplies.

*Shipping Address 1: Store Name: **MEKONG MARKET**

Shipping Address 2:

*Contact Name:

*City: **Note: Do not use a P.O. Box for a shipping address. Supplies cannot be mailed to a P.O. Box.**

*State:

*Postal Code: -

Order Detail

To delete an item from the order, select the checkbox next to the product name and click Delete Checked items.

| Delete | Product | Quantity | Order Date |
|--------------------------|------------------------|----------|------------|
| <input type="checkbox"/> | ChildCare Non Trad QRG | 100 | 10/20/XX |

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Supply Requests – Add More Items

2. The Supply Requests screen displays and allows you to order more products.

To submit the order

Click the **Submit Order** button in the Order Detail section of the Supply Requests - Shipping Information page.

The screenshot shows the ebtProvider interface. At the top, there is a navigation bar with 'Home', 'Services', 'Documentation', 'Help Topics', and 'News'. The date 'Wednesday, October 21, 20XX' is displayed. The main heading is 'Supply Requests' with a '*Required' indicator. Below this is the 'Shipping Information' section, which includes a warning icon and text: 'Verify shipping information before submitting your order to ensure prompt delivery of your supplies.' The form contains fields for 'Shipping Address 1' (1640 N BROADWAY), 'Shipping Address 2', 'City' (WICHITA), 'State' (KS), and 'Postal Code' (67214). It also includes 'Store Name' (MEKONG MARKET) and 'Contact Name'. A note states: 'Do not use a P.O. Box for a shipping address. Supplies cannot be mailed to a P.O. Box.' There is an 'Update Shipping Address' button. The 'Order Detail' section below has a table with columns 'Delete', 'Product', 'Quantity', and 'Order Date'. One item is listed: 'ChildCare Non Trad QRG' with a quantity of 100 and an order date of 10/20/XX. Below the table are buttons for 'Delete Checked Items', 'Add More Items', 'Submit Order' (highlighted with a red box), and 'Cancel Order'. The footer contains privacy notices and copyright information: '©20XX Fidelity National Information Services, Inc. and its subsidiaries. All rights reserved.'

Supply Requests – Submit Order

A confirmation message displays on the Supply Requests page indicating that the order was submitted successfully.

To cancel the order

Click the **Cancel Order** button in the Order Detail section of the Supply Requests - Shipping Information page.

The screenshot shows the 'Supply Requests' page in the ebtProvider portal. At the top, there is a navigation bar with 'Home', 'Services', 'Documentation', 'Help Topics', and 'News'. The date 'Wednesday, October 21, 20XX' is displayed. Below the navigation bar, the 'Supply Requests' section is active, with a sub-section for 'Shipping Information'. This section contains a form with fields for 'Shipping Address 1' (1640 N BROADWAY), 'Shipping Address 2', 'City' (WICHITA), 'State' (KS), and 'Postal Code' (67214). The 'Store Name' is 'MEKONG MARKET' and the 'Contact Name' field is empty. A note states: 'Note: Do not use a P.O. Box for a shipping address. Supplies cannot be mailed to a P.O. Box.' An 'Update Shipping Address' button is present. Below the shipping information is the 'Order Detail' section, which includes a table with columns for 'Delete', 'Product', 'Quantity', and 'Order Date'. The table lists one item: 'ChildCare Non Trad QRG' with a quantity of 100 and an order date of 10/20/XX. At the bottom of the order detail section, there are buttons for 'Delete Checked Items', 'Add More Items', 'Submit Order', and 'Cancel Order'. The 'Cancel Order' button is highlighted with a red box. The footer contains links for 'Online Privacy Notice', 'FIS Privacy Policy', and 'Terms and Conditions', along with a copyright notice: '©20XX Fidelity National Information Services, Inc. and its subsidiaries. All rights reserved.'

Supply Requests – Cancel Order

Your order is cancelled and you are returned to the Supply Requests page.