

## This Job Aid shows how to:

Complete the Administration Fee reporting/payment process in the online portal. This process must be completed even if you have \$0 to report.

## **Of Special Note:**

Screenshot

Each quarter, OSD sends Statewide Contract vendors an Administration Fee email. The document attached in the email provides information vendors will need to accurately process their Administration Fee report/payment (Control Number, Vendor Code, Filing Year and Payment Quarter).

It is imperative that you use the Control Number provided in the quarterly email attachment. This control number is specific to your contract and changes every Payment Quarter. If you have more than one contract, you will receive separate email notices and unique Control Numbers for each contract. Using the unique Control Number(s) assigned to your contract each quarter ensures your report and payment are properly recorded.

Vendors are required to submit one Statewide Contract Administration Fee report/payment for each Statewide Contract for each Payment Period, even if no payment is due for the Payment Period.

Directions

			Step 1: Launch Online Po
			Enter the uniform resource locator (URL) address-
questions: Il osdfeeadministrator@state.m swide Contract 1% Administratio	<u>a.us</u> on Fee FAQs / <u>ACH FAQ</u>	1 Ashburton Place-Roc Boston, Massachusett Phone 617-7.	ts 02108 <b>HITP.//WWW.OSO20/1111100</b> .
our Information	Payment	Receipt	or click on this link
ortant Information	o submit a report for which payments	for the reporting quarter are \$0	admin fee portal
and is calculated at 2.35%	of the 1% fee to be paid to OSD. A c	enience fee. The fee is over and above the 1% Administrative onvenience fee is not charged for ACH transactions.	
	ormation about the person you	Massachusetts 10 Digit Vendor Code	
rst Name			
Enter First Name		Legal Company Name Enter the Company Name	
ast Name		Linter the Company Walle	
Enter Last Name		Doing Buisness As (DBA)	
ddress 1		Enter the DBA	
Enter Address Line 1		Control Number	
idress 2		Enter the Control Number	
Enter Address Line 2		Statewide Contract Document Number	
ty		Enter the Document Number	
Enter City		Filling Year	
ate		Select the Year	
Select One		Quarter	
		Select the Quarter	
p Code Enter Zip		Payment and Fee will be rounded to the nearest Dollar	
		Total Payments Received From Statewide contract this Quarter	
hone		Enter Amount	
		Total Administration Fees Due This Quarter	
mail Enter Email		Enter Amount	
		Add to Cart	
onfirm Email		*Added items will appear in cart above	
Confirm Email			
		Continue to Payment/Report P	



## Directions

First Name	
James	
Last Name	
Smith	
Address 1	
1 Ashburon PI	
Address 2	
Enter Address Line 2	
City	
Boston	
State	
Massachusetts	~
Zip Code	
02180	
Phone	
(617) 555-1212	
Email	
jamessmith@noemail.com	
Confirm Email	
jamessmith@noemail.com	×

## Step 2: Complete Contact Information

1. Once navigated to the portal, the section on the left is **Contact Information**. In this box, fill in the contact information for the person making the payment. Contact information should match the billing address.



Vendor Payment Information
Massachusetts 10 Digit Vendor Code
VC0000826393
Legal Company Name
Acme Supply
Doing Business As (DBA)
Enter the DBA
Control Number
1810813210
Statewide Contract Document Number
VEH99
Filing Year
2018
Quarter
1st Quarter
Payment and Fee will be rounded to the nearest Dollar
Total Payments Received From Statewide Contract this Quarter
\$1,000.00
Total Administration Fees Due This Quarter
\$10.00
Add to Cart
*Added items will appear in cart above
Continue to Payment/Report Page
You must have an item in your cart before you can continue

## Step 3: Enter Vendor Payment Information

1. On the right hand side of the screen is the **Vendor Payment Information**. <u>Refer to the emailed Admin Fee</u> <u>Payment Notice</u>.

Directions

- Vendor Code: This code begins with the letters VC followed by 10 digits.
- **Control Number**: This number is in the email attachment highlighted in yellow. The control number changes quarterly and each contract is assigned a unique control number.
- **Document Number**: This is your SWC identifier (ex: FAC100)
- Filing Year: Enter the reporting calendar year.
- **Quarter:** Enter the quarter of the calendar year.
- 2. Enter total payments received from Statewide contract this quarter. If no payments were received, enter \$0.
- Calculate and enter the \*1% Admin Fee associated with payments received in the field labeled <u>Total</u> <u>Administration Fee Due This Quarter</u>. <u>This field does not auto calculate</u>. If you received no payments for the quarter enter \$0. (This step must be completed regardless if no payments were received from a contract during the reporting quarter.)
- 4. Click the Add to Cart button

\* Fee entered should be based on contractual requirement.

NOTE: The messages that appear in red are standard and do not indicate errors



For questions: Ernail <u>osdfeeadministrator@state.ma.us</u> <u>Statewide Contract 1% Administration Fee FAQs</u> / <u>/</u>	ACH FAQ		1 Ashburton Place-Room 1017 Boston, Massachusetts 02108 Phone 617-720-3314
Your Information	Payment	Receipt	

#### Important Information

- · Functionality is available to submit a report for which payments for the reporting quarter are \$0.
- · There is a convenience fee for processing credit card payment(s) online. The total charge amount will be displayed prior to submitting the payment. There is a 2.35% non-refundable convenience fee. The fee is over and above the 1% Administrative fee and is calculated at 2.35% of the 1% fee to be paid to OSD. A convenience fee is not charged for ACH transactions.

#### Your Vendor Payment Information has been saved. If you've finished entering your information:

- · Scroll to the bottom of the page and click the "Continue to Payment/Report Page" to proceed with Billing Information. If you would like to process another transaction, enter additional statewide contract information including your unique control number in the Vendor Payment Information section below.
   When complete, click "Add to Cart".

#### Shopping Cart

C

Description	Vendor ID	Amount	Delete
2018 - 1st Quarter VEH99	VC0000826393	\$10.00	x
	Total:	\$10.00	

act Information	Vendor Payment Information
enter the following information about the person you king a payment for.	Massachusetts 10 Digit Vendor Code
king a payment for.	VC
me	
	Legal Company Name
8	Enter the Company Name
	Doing Business As (DBA)
	Enter the DBA
1	Control Number
	Enter the Control Number
2 Address Line 2	Statewide Contract Document Number
	Enter the Document Number
	Filing Year
	Select the Year 🗸
husetts	Quarter
	Select the Quarter
	Payment and Fee will be rounded to the nearest Dollar Total Payments Received From Statewide Contract this Quarter
	Enter Amount
720-3300	Enter Amount
	Total Administration Fees Due This Quarter
	Enter Amount
gmail.com	
Email	Add to Cart
2gmail.com	*Added items will appear in cart above
gmail.com	

## Step 4: Review Cart Information

Once you have clicked Add to Cart, the contract information is shown in the Shopping Cart, and displays at the top of the screen.

**Directions** 

- 1. If your company is on multiple statewide contracts, repeat step 3 to add additional Vendor Payment Information to the "Cart" for each contract.
- 2. Once all information is complete, click Continue to Payment/Report Page in the lower right hand corner of the screen.



or questions: mail osdfeeadministrator@state.ma.us tatewide Contract 1% Administration Fe	ee FAQs / <u>ACH FAQ</u>	1 Ashburton Place-Room 101 Boston, Massachusetts 0210 Phone 617-720-331
Your Information	Payment	Receipt
ayment	í.	
Commonwealth of Massachuse	You have elected to pay for the fo tts Operational Services Division	sllowing item(s).
Description	Vendor ID	Convenience Fee Amount
2017 - 3rd Quarter FAC100	VC0000169444	\$0.24 \$10.00
		\$0.24 \$10.00
		Total Amount Due: \$10.24
Billing Information Same As Previous Information First Name Enter First Name	Ca	ayment Information Credit/Debit Card Electronic Check/ACH elect Card Type d Number
Last Name	E	nter Card Number
Enter Last Name	CV	V Code
Street		nter CVV Code
Enter Street		
City Enter City	0	1 2017 V
State/Territory Select State		eck to agree to both the Commonwealth of Massachusetts d nCourt Terms Agreements.
Zip		Agree
Enter Zip	Te	erms Agreement
Phone Number (617) 555-1212 Email jamessmith@noemail.com	a b	authorize the charge to my credit card for the amount hown above. I agree to pay the total amount above coording to the card issuer agreement. By checking the iox below, I certify that I am an authorized user for the bove referenced credit card account.
Confirm Email Enter Email Address		ourt Terms Agreement

## Step 5: Choose Payment Type

Payments can be made either by credit card or Automatic Clearing House (ACH) debit. Vendors that choose to pay via credit card will be assessed a convenience fee of 2.35% of the Admin Fee payment amount. There is no fee to the vendor to use the ACH option.

Directions

Before you begin entering payment information, check that all contracts are listed in the "cart" at the top of the screen.

**Credit Card Option** 

- Enter the credit card Billing Information on the left side of the screen. If the information is the same from previous screen, click the box next to Same As Previous Information.
- 2. In the right box enter payment information; the system automatically defaults to credit card selection.
- 3. Select the credit card type from the drop down menu.
- 4. Enter the credit card number.
- 5. Enter the CVV code from the back of the card.
- 6. Enter the Expiration date.
- 7. Click the **Agree** checkbox to accept the terms and conditions for credit card payments.
- 8. A **Submit** button will appear. Click the button to complete the transaction.

A receipt will be sent to the email address specified in Billing Information.



our Information	Payment		Receipt	
yment				
	You have elected to pay	y for the following it	em(s).	
Description	Vendor ID		Convenience Fee	Amount
2017 - 3rd Quarter FAC100	VC0000199644		\$0.00	\$10.00
			\$0.00 Total Amount	\$10.00 Due: \$10.0
Billing Information		Payment I	nformation	
aning mornation		r dyment r	Credit/Debit Card Electronic Check/ACH	
Same As Previous Information		To pay with ele	credit/Debit Card Electronic Check/ACH ctronic check, provide information below:	·
irst Name		Routing Numb	er	
Enter First Name		Enter Routi	ng Number	
		Account Numb	per	
.ast Name Enter Last Name		Enter Acco	unt Number	
Enter East Name				
Street		Confirm Accor	count Number	
Enter Street		Committee		
City		Name on Chec		
Enter City		Enter Name	e on Check	
State/Territory		Account Type		
Select State		Checking		~
Zip			ree to both the Commonwealth of N	lassachuset
Enter Zip		and noourt	Terms Agreements.	
		Agree		
Phone Number (617) 555-1212		Terms Ar	reement	
Email			NAL ACCOUNT LANGUAGE uthorize NCOURT *Commonwealth	of
jamessmith@noemail.com		Massachu	setts to electronically deduct from m	ny bank
Confirm Email			is one-time payment as indicated al horize my bank or financial institution	
Enter Email Address		this one-tir	ne payment from my bank account.	NCOURT
			wealth of Massachusetts will acknow as pending until funds are secured	
		bank acco	unt. In the case of insufficient funds	in your
			r insufficient or inaccurate informati en you authorize your electronic pay	
		further coll	ection action may be undertaken by	NCOURT
			wealth of Massachusetts, including I check fees to the extent permitted	
		orretainet	enser ises to the extent permitted	oy 1014.

l	Important Information ×
	Update: To prevent a bounced payment and associated fees, please notify your bank and ensure that debit blocking is removed or add nCourt Originator ID 0007316118 to your approved list.
	ОК

## ACH Option

The other payment option is Automatic Clearing House (ACH).

# ACH payments are processed at no cost to the vendor.

- Enter the ACH Billing Information on the left side of the screen. If the information is the same from previous screen, click the box next to Same As Previous Information.
- 2. In the **Payment Information** box select the **Electronic Check/ACH** tab. A text box will appear regarding the ACH transaction, Click OK. (See text box below)
- 3. Enter your bank's routing number.
- 4. Enter your account number, then re-enter to confirm.
- 5. Enter the name associated with the account.
- 6. Select the account type: Checking or Savings
- 7. Check the **Agree** checkbox to confirm you agree with the terms that appear in the text box.
- 8. A **Submit** button will appear. Click the button to complete the transaction.

A receipt will be sent to the email address specified with Billing Information.

NOTE: Some banks may require an electronic check number. If prompted, enter 0000 for the check number.