# Guide To Creating A Direct Pay Order Attached To A Contract



1 Navigate to <u>www.bullybu</u>	<u>y.msstate.edu</u>		
2 Click "Direct Pay"			
	Showcases		
ces. If the item cannot be found, use the icons ly procured commodities.	Direct Pay		
n Bully Buy, please use the "non-catalog" option			
identified, a Sole Source Justification is	Direct Pay		
	Forms		
r, Product Information Q	IT Purchase Request	Sole Source Request	
			Powi

Click the "Select Vendor" field.

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UNIV	ERSITY			
Vendor Information				
Existing Vendor	Enter Manually			
inter Vendor 🖈		Select Vendor	Q	
lemittance Informat	tion			
emit To Address				
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treet 1				
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4 Click here	₽.
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Existing Vendor Enter Manually     Enter Vendor ★ Experian health   Remittance Information     Remit To Address   Contact Name   Street 1   Street 2	Vendor Information	
Enter Vendor  Experian health × Q Experian Health, Inc. Remittance Information Remit To Address Contact Name Street 1 Street 2	Existing Vendor Ent	r Manually
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Remit To Address Contact Name Street 1 Street 2	Remittance Information	Experian Health, Inc.
Contact Name Street 1 Street 2	Remit To Address	
Street 1	Contact Name	
Street 2	Street 1	
	Street 2	
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Made with Scribe - https://scribehow.com

# Quantity is always going to be 1

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	Remittance Information	
Orders	Remit To Address	
Contracts	O No address assigned	
Accounts Payable	remitto Vendor Remittance 1 -	PO Box 846133, Los Angeles, CA, 900084-6133
	Search additional	Q Results Per Page 10 V
Vendors		
Sourcing	Quantity 🗲	
	Amount 🚖	
Reporting	Product Description 🖈	
Administer		
		254 characters remaining expand 1 clear
Setup	Rate of Pay	
	Special Handling	~

**6** Fill out any of the items you need below.

### Rate of pay-For a service

Special handling hold for pickup or enclosure.

Accounts Payable	remitto Vendor Remittance 1 - PO Box 846133, Los Angeles, CA, 900084-6133							
	Search additional	Q	Results Per Page	10	~			
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ourcing	Quantity 苯		1					
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Administer			254 characters remai	ning	e	xpand   c	lear	
Setup	Rate of Pay							
	Special Handling							
	Hold for Pickup Name							
	Hold for Pickup Phone Number							
	Hold for Pickup MSU ID							
	Hold for Pickup Reason							

7 If the invoice does not have a vendor number use the date-dollar amount

with check)	o be maned	
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Invoice Information		
Invoice Information	st doesn't include a Vendor Invoice number, pl	ease use a format including the date and a
Invoice Information	st doesn't include a Vendor Invoice number, pl	ease use a format including the date and a
Invoice Information If your direct payment reques Vendor Inv # ★ If your direct payment reques	st doesn't include a Vendor Invoice number, pl	ease use a format including the date and a
Invoice Information If your direct payment reques Vendor Inv # ★ If your direct payment reques Invoice Date ★	st doesn't include a Vendor Invoice number, pl	ease use a format including the date and a the submission date as the invoice date.
Invoice Information If your direct payment reques Vendor Inv # ★ If your direct payment reques Invoice Date ★	st doesn't include a Vendor Invoice number, pl	ease use a format including the date and a the submission date as the invoice date.
Invoice Information If your direct payment reques Vendor Inv #  If your direct payment reques Invoice Date  Use the attachment section b	st doesn't include a Vendor Invoice number, pl st doesn't include an invoice date, please use t mm/dd/yyyy pelow to attach the invoice and any supportin	ease use a format including the date and a the submission date as the invoice date.

8	Click this text field.

structions (include any special		
n attachments to be mailed		
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ormation		
payment request doesn't includ	le a Vendor Invoice number, plea	se use a format including the date and amount of payment
*	123	
payment request doesn't includ	le an invoice date, please use the	e submission date as the invoice date.
*	1	
	mm/dd/yyyy	
chment section below to attach	the invoice and any supporting o	locumentation or attachments to be mailed with the check.
chments 🖈	Add	

Enclosure Instructions (include any special instruction on attachments to be mailed with check)		
	1000 characters remaining	expand   clear
Invoice Information		
If your direct payment request doesn't include	de a Vendor Invoice number, ple	ase use a format including the dat
Vendor Inv # 🚖	123	
If your direct payment request doesn't inclue	de an invoice date, please use th	e submission date as the invoice
Invoice Date 🖈	10/23/2024	Ē
	mm/dd/yyyy	
Use the attachment section below to attach	the invoice and any supporting	documentation or attachments to
Internal Attachments 🖈	Add	
	Add Internal Attachments	

# Click the "File(s)" field.

				All 🔻	Search (Alt+Q)	Q	0.00 USI
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charact	File(s) ★	Drop Max. F	o File of Browse File Size: 19.53 MB				
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# 11 Click "Save Changes"

File(s) ★	Drop Fi Max. File	i <b>le or Browse</b> Size: 19.53 MB	
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12 Click "Add And Go To Cart"

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		♡ 🖶		Close	dd And Go To Cart	
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nd I clear						

13 Cli	ck "Procee	ed To Cheo	kout"			
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ze/Packaging	Unit Price	Quantity	Ext. Price			
	200.00	Qty: 1	200.00	🗆		

<b>14</b> Be sure y	our shippi	ing address is	s correct.				
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eview Comments	Attachm	ents 1 H	istory				
¢	Shipping		<i>•</i>	Billing	¢ ~		SI
ment & Contracts (1)	Ship To		Edit Shippi	ing Section Bill To			Г
)-23 SGC64 01	no address Required	NDS		Accounts Payable PO Box 5307 Mississippi State, MS 39762 United States			
;ole	Expedite	X		Credit Card Info			
ole	Ship Via	Best Carrier-Best	Way	No credit card has been assigned.			
9	Requested	no value		Billing Options			ŀ

ie	Billing Options				
	Accounting	no value	Summary		
	Date			Draft	
			S Correct 1 You are	these issues. unable to proceed until addressed.	`
			Require	d: Shipping address	
			Require	d: Fund	
			Require	d: Organization	
			Require	d: Account d: Program	
		(	Require	d: Fund Type	
Account	Program	Activity	You do Fund Ty	not have permission to access this pe	s field:
no value Required	no value 🛛 Required	no value	Total (200.0	00 USD)	>
			What's next	for my order?	`
External Notes	and Attachments			Missing Workflow	
Note to all Vendo	rs no value		Approvers	Alford, Caleb Cole, Sasha Ellison, Audrey	
				Inmon Maliana	

# **16** Select the pencil to add your contract.

#### Total (200.00 USD) Assigned What's next for my order? lue Next Step Missing Workflow Alford, Caleb Cole, Sasha Ellison, Audrey Inmon, Melissa Mayfield, Jennifer Approvers Size/Packaging Unit Price Quantity Ext. Price 200.00 200.00 ... 🗌 Qty: 1 Workflow Show skipped steps Internal Note no value Draft Internal Attachments Add 0 Active External Note no value Sasha Cole Attachments for Add **PR Validation** vendor Future Miccing Workflow

### Select the 3 dots to add an accounting sequence

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. . .

### **17** Click "Select price or contract..."



### 18 Click here.

Price	
Price and Contract Here	
elect a Price .00 USD rent price)	Step 2: Select a Contract No Contract VPSA-OS-002022 (032134 for LSHC with Experian Health) Vendor to provide insurance eligibility. address, and identity verification services
<ul> <li>VENDOR DETAILS</li> <li>Contract no value</li> </ul>	e PO Number To Be Assigned

# 19 Click "Save"

t		->
(032134 for LSHC with Experian Health) rance eligibility. address, and identity verification services		~
	Save Close Save Close	]
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gned	Total (200.00 USD)	>
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igned					Total (200.00	USD)	>	
					What's next for Next Step Approvers	or my order? Missing Workflow Alford, Caleb	ř	
ze/Packaging	Unit Price	Quantity	Ext. Price			Ellison, Audrey Inmon, Melissa Mavfield, Jennifer		

**21** Once all your information is input select Assign cart or place order depending on the role you have in bullybuy.

	All 🔻	Search (Alt+Q)	٩	200.00 USD 📜	♡   <sup>1</sup> 289	<b>134</b>
		۲	9	••• Assign Cart	Place C	order
History					(	
Attention notes and Attachments		•				
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