

**Mississippi Management and Reporting System
Award / Contract Web Interface Security Maintenance Form**

Maintenance Action (Select only one)	
_____ Add User _____ Update User _____ Delete User (Effective Deletion Date ___ / ___ / ___)	
SPAHRS Agency Number(s) _____; _____; _____; _____; _____	
Agency Information	
Agency Name:	
Agency Address:	
User Information	
User Name:	
User Work Phone:	
User E-mail Address:	
User Authorization: (Select all that apply)	<input type="checkbox"/> Access to the Award / Contract Web Interface for manual entry of contract data. <input type="checkbox"/> Authorization to submit <i>2010 Transparency Agency Contract Load Spreadsheet and Instructions</i> for batch load of contract data.
Authorized SPAHRS Security Contact	
Name (Please Print):	Phone:
Signature:	Date:
Please complete and return this form to: Dept. of Finance and Administration/MMRS 210 East Capitol Street, Suite 1400 Regions Plaza Jackson, MS 39201 Fax Number: 601-359-6551 E-mail: MASH@dfa.ms.gov	FOR MMRS USE ONLY: Processed Date: _____ By: _____