

**INSTRUCTIONS:** 1. IN ORDER TO ACCESS OA SYSTEMS, A SAMII FINANCIAL ID IS REQUIRED. CONTACT YOUR SYSTEM SECURITY ADMINISTRATOR TO GET A SAM FINANCIAL ID.  
2. FOLLOW THE CODING STRUCTURE IN THE LEGEND TO INDICATE DESIRED ACCESS.

LAST NAME		FIRST NAME	MIDDLE INITIAL
AGENCY		ORGANIZATION	SAMII FINANCIAL ID
E-MAIL ADDRESS		PHONE NUMBER	SSN (Last 4 digits)

**MissouriBUYS \* A = ADD (NEW USER) C = CHANGE (CHANGING EXISTING USER) D = DELETE (DELETE EXISTING USER)**

<b>* MissouriBuys user status</b>	<b>* Vendor Inquiry Only (Stop here for vendor inquiry ONLY)</b>
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**CODING: DE = DATA ENTRY; A = APPROVE**

FORMAL SOLICITATIONS	ORGANIZATION(S) (Enter Org Codes)	CONTRACTS	ORGANIZATION(S)
INFORMAL SOLICITATIONS	ORGANIZATION(S)	RECEIPTS	ORGANIZATION(S)
REQUISITIONS/PURCHASE ORDER	ORGANIZATION(S)	REPORTS	ORGANIZATION(S)
INVOICE	ORGANIZATION(S)		

Only complete if a SAM II ID is needed

**User will only have access to MissouriBuys (OA/Accounting will assign a SAMII Financial ID.)**

**WORKFLOW/NOTES:**

Contract Management					Invoice Management				
Contract Approver 1	Contract Approver 2	Contract Approver 3	Contract Approver 4	Final Approver	Invoice Approver 1	Invoice Approver 2	Invoice Approver 3	Invoice Approver 4	Final Approver

**Order Management**

User Spending Limit	Approval Limit if Approver Only	Spending Limit Approver 1	Spending Limit Approver 1 Limit	Spending Limit Approver 2	Spending Limit Approver 2 Limit	Contract Spending Limit	Contract Spending Approval Limit	Contract Spending Limit Approver 1	Contract Spending Limit Approver 1 Limit	Final Approver

**EMPLOYEE ACKNOWLEDGEMENT**

I understand that access to the Statewide Accounting systems, which include SAMII, MissouriBUYS, Mobius reports, and the Data Warehouse, are provided for conducting official state business only. I hereby agree that I will not disclose, directly or indirectly, confidential information obtained from the Statewide Accounting systems to anyone except persons authorized by my supervisor and understand that if I do so it may result in disciplinary action, including dismissal from employment and the imposition of any applicable criminal and civil penalties.

SIGNATURE OF EMPLOYEE	DATE
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**AGENCY SECURITY COORDINATOR ACKNOWLEDGEMENT**

I acknowledge that a criminal background check has been conducted for the person named above.

SIGNATURE OF AGENCY SECURITY COORDINATOR	DATE	TELEPHONE
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