

**Mississippi Management and Reporting System  
PayMode e-Payment and e-Invoice Management Agency Maintenance Form**

Maintenance Action (Select only one)	
<input type="checkbox"/> Add Agency	<input type="checkbox"/> Update Agency <input type="checkbox"/> Delete Agency (Effective Deletion Date ___/___/___)

Agency Information	
<b>Agency Name:</b>	<b>SAAS Agency #:</b> _____
<b>Agency Address:</b>	

The following sections apply to PayMode e-Invoice Management only.

e-Invoice Reports	Default E-mail Reminder Notification	E-mail Frequency
<b>Invoices Near Age Limit</b>	Invoices are within ___ Days of Age Limit of 45 Days.	Daily Weekly
<b>Invoices Over Age Limit</b>	Invoices are over Age Limit of 45 Days.	Daily Weekly
<b>Invoices Near Due Date</b>	Invoices are within ___ Days of Due Date.	Daily Weekly
<b>Invoices Near Discount Date</b>	Invoices are within ___ Days of Discount Date.	Daily Weekly

e-Invoice Default Agency Approval Group Level and Type	
<b>Number of Approval Levels (1 – 5)</b> _____	
<b>Approval Type (Choose One):</b> Consecutive Approvals ___ Approval in Any Order ___ High Level May Override ___	

Required only if different from Default Agency Approval Group Level and Type

Agency Approval Group Setup - 1	
Approval Group Name _____	
Approval Group Code _____	Number of Approval Levels (1– 5) _____
Approval Type (Choose One): Consecutive Approvals ___ Approval in Any Order ___ High Level May Override ___	
Agency Approval Group Setup - 2	
Approval Group Name _____	
Approval Group Code _____	Number of Approval Levels (1– 5) _____
Approval Type (Choose One): Consecutive Approvals ___ Approval in Any Order ___ High Level May Override ___	
Agency Approval Group Setup - 3	
Approval Group Name _____	
Approval Group Code _____	Number of Approval Levels (1– 5) _____
Approval Type (Choose One): Consecutive Approvals ___ Approval in Any Order ___ High Level May Override ___	
Agency Approval Group Setup - 4	
Approval Group Name _____	
Approval Group Code _____	Number of Approval Levels (1– 5) _____
Approval Type (Choose One): Consecutive Approvals ___ Approval in Any Order ___ High Level May Override ___	
Agency Approval Group Setup - 5	
Approval Group Name _____	
Approval Group Code _____	Number of Approval Levels (1– 5) _____
Approval Type (Choose One): Consecutive Approvals ___ Approval in Any Order ___ High Level May Override ___	

Authorized SAAS Security Contact		
Name: (Please Print)	Phone: _____	
Signature: _____	Date: _____	
Please complete and return this form to: Dept. of Finance and Administration/MMRS MMRS Security Administrator 210 East Capitol Street 1400 Regions Plaza Jackson, MS 39201	Fax Number: 601-359-6551 E-mail: <a href="mailto:MASH@dfa.ms.gov">MASH@dfa.ms.gov</a>	For MMRS Use Only: Processed Date: _____ By: _____

**PayMode e-Payment and e-Invoice Management Agency Maintenance Form  
Additional Approval Group Setup**

Required only if different from Default Agency Approval Group Level and Type

<b>Agency Approval Group - 6</b>	
Approval Group Name	
Approval Group Code	Number of Approval Levels (1– 5) _____
Approval Type (Choose One): Consecutive Approvals ____ Approval in Any Order ____ High Level May Override ____	
<b>Agency Approval Group - 7</b>	
Approval Group Name	
Approval Group Code	Number of Approval Levels (1– 5) _____
Approval Type (Choose One): Consecutive Approvals ____ Approval in Any Order ____ High Level May Override ____	
<b>Agency Approval Group - 8</b>	
Approval Group Name	
Approval Group Code	Number of Approval Levels (1– 5) _____
Approval Type (Choose One): Consecutive Approvals ____ Approval in Any Order ____ High Level May Override ____	
<b>Agency Approval Group - 9</b>	
Approval Group Name	
Approval Group Code	Number of Approval Levels (1– 5) _____
Approval Type (Choose One): Consecutive Approvals ____ Approval in Any Order ____ High Level May Override ____	
<b>Agency Approval Group - 10</b>	
Approval Group Name	
Approval Group Code	Number of Approval Levels (1– 5) _____
Approval Type (Choose One): Consecutive Approvals ____ Approval in Any Order ____ High Level May Override ____	
<b>Agency Approval Group - 11</b>	
Approval Group Name	
Approval Group Code	Number of Approval Levels (1– 5) _____
Approval Type (Choose One): Consecutive Approvals ____ Approval in Any Order ____ High Level May Override ____	

<b>Authorized SAAS Security Contact</b>		
Name: (Please Print)		Phone:
Signature:		Date:
<b>Please complete and return this form to:</b> Dept. of Finance and Administration/MMRS MMRS Security Administrator 210 East Capitol Street 1400 Regions Plaza Jackson, MS 39201	Fax Number: 601-359-6551 E-mail: <a href="mailto:MASH@dfa.ms.gov">MASH@dfa.ms.gov</a>	<b>For MMRS Use Only:</b> Processed Date: _____ By: _____