



State of Mississippi
Department of Finance and Administration
Supplier/Grantee Self-Service Request for Change

Use this section to request an update to your Supplier or Grantee Administrator

Enter your company's data as it currently exists in MAGIC	
Name of Company	
Doing Business As (DBA)	
Company Street Address	
City/State/Zip	
Vendor Number	
Tax ID	
MAGIC User Account ID	
Name of Supplier or Grantee Administrator	
E-mail Address of Supplier or Grantee Administrator	

Enter New Supplier Administrator / Grantee Administrator Information	
Administrator Name	
Administrator E-mail Address	
Reason for Change	
<i>(Please note, any changes to the Administrator's Name or E-mail Address will result in a new Password being issued. You will be required to answer the security questions upon initial login.)</i>	
Change Requested by	
Title of Requestor	
Effective Date of Change	

Use this section to Deactivate a Contact

Name of Contact to be Deactivated	
Contact E-Mail Address	
Reason for Change	
<i>(Please note, any changes to the Administrator's Name or E-mail Address will result in a new Password being issued. You will be required to answer the security questions upon initial login.)</i>	
Change Requested by	
Title of Requestor	
Effective Date of Change	