OBMS Request for Reimbursement (**RfR**) School Access Signature Authority (**SASA**) Request Form

**Instructions**: This form is to be completed in order to assign authority for staff to gain access to the RfR module who have signature authority to enter and/or approve requests for reimbursement. Complete the following required information: Enter the effective date, circle the type of access being requested (add, change or deactivate) (one type per form), enter the name, title, authorizing signature, phone and email address of the individual authorizing this access:

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  |  |  |
| Request to: | Add/Change/Deactivate User |  |  |
|  |  |  |  |
| District/Entity: |  | | |
| Name: |  | | |
| Title: |  | | |
| Signature: |  | | |
| Phone: |  | | |
| e-mail: |  | | |

1. Enter the name and title of the individual responsible for preparing RfRs. Individual to affix original signature on required line. Enter effective date of access to or removal from authorization.
2. Enter the name and title of the individual responsible for approving RfRs. Individual to affix original signature on required line. Enter effective date of access to or removal from authorization.
3. Scan and email completed form to: [ped.rfraccess@state.nm.us](mailto:ped.rfraccess@state.nm.us). Send ‘request read receipt’ option via email submission.
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date:

Name and Title of Preparer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Authority to create RfR)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date:

Name and Title of Authorized Administrator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Authority to approve RfR)