



Workflow Reimbursement Form(Print Clearly)

SAMIS Workflow User

Agency	
Employee Location Address	
Employee Telephone	Employee Fax Number
E-Mail	

Definition of Workflow

Workflow, the fiscal approval process in SAMIS, is the automation of a business process, during which documents, information or tasks are passed from one user to another for action, according to a set of predefined rules. This process is applied to the Budget, Budget Amendment, and Reimbursement processes in SAMIS.

Workflow is a review process that begins with the creation, review and submission of a document by an agency to the CSC. The CSC will then review and provide final approval of the document. Once the document is approved, funds can flow from the CSC to the agency. A document can be rejected at any time during the process and returned to the creator. The agency and CSC workflow process must be set up properly before the process is operational.

Users will be assigned to one or more workflow chains, or processes, and with a specific role assigned in each chain. These chains will be used to automatically determine when users need to take action on an item and exactly what actions can be performed. The users will be assigned a role in the chain from creator, reviewer, or submitter. *Effective 10/1/07, all reimbursement workflow forms must have a **minimum of two** individuals identified in the workflow. We will no longer accept reimbursements with only one person listed in the workflow. This does not allow for sound internal control and security.*

Could you please provide the CSC with the following accurate and entire name and email address for the following roles for your Agency/Program?

Reimbursement Creator (required)

Name	Email
<input type="text"/>	<input type="text"/>

Reimbursement Reviewer(s) – (optional) you could have multiple reviewers.

Name	Email
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Reimbursement Submitter (required)

Name	Email
<input type="text"/>	<input type="text"/>

Listed specified programs:

1.	5.
2.	6.
3.	7.

Agency Authorizing Signature: _____

Title: _____ Date: _____

For CSC use only:

Date Changed:	Initials:	SAMIS Email Mailing List:	Code 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>