

## New Grant FOAPAL Request Form

<b>OFFICE USE ONLY</b>
Fund _____
Org/Index _____

**Today's Date**

**Date Needed**

**Proposed Title**

**Requesting Department**

**Purpose of FOAPAL**

**Requested by**

**Signature**

**Financial Mgr**

**Signature**

**Email**

**Phone**

**FAX**

**Campus Address (Room/Building)**

**Please complete the section below for any individual(s), other than yourself, that you authorize for the following tasks. If none, please leave blank. As financial manager, you have full authority for all of the following tasks. The Business Office, Purchasing, Budget, Payroll and Internal Audit will refer to this document for authorization. Using the guide below, please check all that apply to each person listed.**

- Inquiry = Authorized to only perform inquiries on a fund/org – **Only need to sign below**
- Delegated Signature = Authorized to sign in place of Financial Manager on purchasing documents, budget transfers and invoices
- Create On-line Document = Authorized to enter Requisitions on the Banner Finance System
- Order Office Max Supplies = Authorized to order Office Max Supplies via the web
- Prepare On-line UPS labels = Authorized to create and print on-line UPS labels
- P-Card = Authorized to buy items with procurement card

Print Name _____	Signature _____
Banner User ID _____	Phone _____
Print Name _____	Signature _____
Banner User ID _____	Phone _____
Print Name _____	Signature _____
Banner User ID _____	Phone _____
Print Name _____	Signature _____
Banner User ID _____	Phone _____

Delegated Signature	Invoice Approver	Create On-line Document	Sign Payroll Documents	Order Supplies OfficeMax	Prepare On-line UPS Labels	P-Card

Chair Signature: _____	Date: _____
Dean Approval Signature: _____	Date: _____
Director Approval Signature: _____	Date: _____
Vice President Approval Signature: _____	Date: _____
Business Office Approval Signature: _____	Date: _____

GRANT

# FOAPAL REQUEST FORM

## Accounting Use Only

FOAPAL:

Fund (F) #

Org (O) #

Account (A) #

Prog (P) #

Actv (A) #

Loc (L) #

Fund Type

Predecessor Org

Index

Predecessor Fund

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Person Setting Up FOAPAL: \_\_\_\_\_ Date FOAPAL Entered \_\_\_\_\_

Require Deposit Slip:      Yes      No

Income Account: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Ramp \_\_\_\_\_ Fixed Cost  Y  N