New Grant FOAPAL Request Form

OFFICE USE ONLY

Fund _____

Org/Index _____

Today's Date: _____   Date Needed: _____

Proposed
Title: Limit 35 _____   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 tasks. The Business Office, Procurement, Disbursements & Contract Services (PDCS), 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. If additional lines are needed, go to http://www.eiu.edu/~busofc/accounting/index.php and click on the FOAPAL Signature Authorization link.

Inquiry	=	Authorized to only perform inquiries on a fund/org
Delegated Signature	=	Authorized to sign in place of Financial Manager on PDCS documents and budget transfers
Invoice Approval	=	Authorized to receive approval notices in Banner Financial System to verify purchase and approve payment
Create On-line Document	=	electronically
Order OfficeMax Supplies	=	Authorized to enter Requisitions on the Banner Finance System
Prepare On-line UPS Labels	=	Authorized to order OfficeMax Supplies via the web
P-Card	=	Authorized to create and print on-line UPS labels
		Authorized to buy items with procurement card

Print Name / Banner User ID	Delegated Signature	Invoice Approver	Create On-line Document	Sign Payroll Documents	Order Supplies OfficeMax	Prepare On-line UPS Labels	P-Card	Inquiry
Print Name / Banner User ID								
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Print Name / Banner User ID								
Print Name / Banner User ID								
Print Name / Banner User ID								
Print Name / Banner User ID								

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Chair Signature: _____ Date: _____

Dean Approval Signature: _____ Date: _____

Director Approval Signature: _____ Date: _____

Vice President Approval Signature: _____ Date: _____

Business Office Approval Signature: _____ Date: _____

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

Previous Org Number: _____

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