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: _____

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 electronically
Create On-line Document	= Authorized to enter Requisitions on the Banner Finance System
Order OfficeMax Supplies	= Authorized to order OfficeMax 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 / 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 _____								
Print Name _____ Banner User ID _____								
Print Name _____ Banner User ID _____								
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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