New FOAPAL Request Form

OFFICE USE ONLY
Fund
Org/Index

Today's Date _____ **Date Needed** _____

Proposed Title _____ **Requesting Dept** _____

FOAPAL Purpose _____

Requested by _____ **Signature** _____

Account Manager _____ **Signature** _____

Email _____ **Phone** _____ **FAX** _____

Campus Address _____

How will the FOAPAL be funded? (Enter "X" in appropriate box) Appropriated ☐ Non-appropriated ☐

If non-appropriated, indicate source (i.e. gift, grant, sales/service…) _____

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 account manager, you have full authority for all of the 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. If additional lines are needed, contact Kay Carter at 581-7827.

Inquiry	=	Authorized to only perform inquiries on a fund/org – **Only needs to sign below**
Delegated Signature	=	Authorized to sign in place of Account 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	Delegated Signature	Invoice Approver	Create On-line Document	Sign Payroll Documents	Order Supplies OfficeMax	Prepare On-line UPS Labels	P-Card

Dean/Director of Dept Approval Signature : _____ Date: _____

Vice President Approval Signature : _____ Date: _____

Business Office Approval Signature : _____ Date: _____

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

Clear All

Print