

New FOAPAL Request Form

OFFICE USE ONLY

Fund _____

Org/Index _____

Today's Date

Date Needed

Proposed Title

Requesting Dept

FOAPAL Purpose

Requested by

Signature

Financial 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 financial 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 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

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