

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 Net ID / Phone
Print Name	Banner Net ID / Phone
Print Name	Banner Net ID / Phone
Print Name	Banner Net ID / Phone
Print Name	Banner Net ID / Phone
Print Name	Banner Net ID / Phone
Print Name	Banner Net ID / Phone

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

New Grant FOAPAL Request Form

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	<input style="width: 100%; height: 20px;" type="text"/> Fund (F) #	<input style="width: 100%; height: 20px;" type="text"/> Org (O) #	<input style="width: 100%; height: 20px;" type="text"/> Account (A) #	<input style="width: 100%; height: 20px;" type="text"/> Prog (P) #	<input style="width: 100%; height: 20px;" type="text"/> Actv (A) #	<input style="width: 100%; height: 20px;" type="text"/> Loc (L) #
	<input style="width: 100%; height: 20px;" type="text"/> Fund Type	<input style="width: 100%; height: 20px;" type="text"/> Predecessor Org			<input style="width: 100%; height: 20px;" type="text"/> Index	
	<input style="width: 100%; height: 20px;" type="text"/> Predecessor Fund			Start Date: _____	End Date: _____	
Person Setting Up FOAPAL: _____		Date FOAPAL Entered _____				
Require Deposit Slip: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Income Account: _____, _____, _____, _____, _____						
Ramp: _____				Fixed Cost <input type="checkbox"/> Y <input type="checkbox"/> N		
Previous Org Number: _____						