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New Grant FOAPAL Request Form

OFFICE USE ONLY

Fund _____

Org/Index _____

Today's Date _____

Date Needed _____

Proposed Title _____

Requesting Department _____

Purpose of FOAPAL _____

Requested by _____

Signature _____

Account 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 account manager, you have full authority for all of the following 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.

- | | | |
|----------------------------|---|---|
| Inquiry | = | Authorized to only perform inquiries on a fund/org – Only need 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 |

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

Chair Signature: _____ Date: _____

Dean Approval Signature: _____ Date: _____

Director 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