

FOAPAL Request Form - NEW / CHANGE / TERMINATION

Check all appropriate boxes (Requested Action) New Change Termination Other (Attach explanation)
 (Please use comment section below for further explanation)

Fund Organization Account Program Activity

- 1 Name of Requesting Department _____
- 2 Name & Extension of Requesting Individual _____ X- _____
- 3 Purpose of Requested FOAPAL _____
- 4 Proposed Title (limit 35 characters) _____
- 5 Duration/Frequency of Use for FOAPAL (enter "X" in appropriate box below):

Enter any comments / notes to explain requested action

- Permanent _____
- Fiscal Year to Next Fiscal Year _____
- Three Times or Less Per Fiscal Year _____
- Will this FOAPAL be used with the Pcard? _____

6 How will FOAPAL be funded ? (Enter "X" in appropriate box below either General Fund or Non General Fund)

General Fund Budget _____

If General Fund, what FOAPAL will funds be transferred from?

_____ Fund (F) # _____ Org (O) # _____ Acct (A) # _____ Prog (P) # _____ Actv (A) # _____ Loc (L) #

Non-General Fund _____

If NGF, what is the Funding Source? _____

Dean/Director of Dept Approval Signature & Date _____

Director of Accounting Approval Signature & Date _____

ACCOUNTING USE ONLY

FOAPAL: _____ Fund (F) # _____ Org (O) # _____ Acct (A) # _____ Prog (P) # _____ Actv (A) # _____ Loc (L) #

Fund Set-Up Info: _____ Fund Type _____ Predecessor Fund

Organization Set-Up Info: _____ Predecessor Org _____ Fund Default for Org _____ Program Default for Org

Program Set-Up Info: _____ Predecessor Program

Check List: Scanned Users Pcard Security Master FOAP List

Notes / Comments:

Person Setting Up Account _____ Date Acct Set Up _____