



Disbursements Office

This form should be used for assigning employees or departments to an approver in Concur.

When the form is completed, please scan and email to [Disbursements@ferris.edu](mailto:Disbursements@ferris.edu) or fax to X-3902.

(Please Print)

Dept. requesting changes \_\_\_\_\_

New Approver Name: \_\_\_\_\_

Banner ID: \_\_\_\_\_

Organization Name or Number : \_\_\_\_\_

If Applicable

Previous Approver \_\_\_\_\_

Banner ID: \_\_\_\_\_

\_\_\_\_ Completeness Check    \_\_\_\_ Supervisor    \_\_\_\_ Both    \_\_\_\_ Dean/VP    \_\_\_\_ N/A

NOTES:

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Disbursements Office Use Only

Disbursements Approval: \_\_\_\_\_ Tracked: \_\_\_\_\_ Date: \_\_\_\_\_ E-mail Sent: \_\_\_\_\_