



Disbursements Office

Dept. Approval Change Form

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 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: _____