

Banner Request Form: New FOAP or Change to Existing FOAP

____ **NEW**

____ **CHANGE**

Date _____

Requestor's name (Please print) _____ Requestor's department _____

Contact Phone# _____ Contact email _____

Reason for request _____

If this is a request for a new Fund and/or Org, describe the activity(ies) that will be recorded in the Fund/Org, the nature of monies going in/out (what type of revenue and/or expense), and approximate annual budget.

Enter Relevant or Known Fields:

Fund name _____ Fund Number (if known) _____

Organization name _____ Organization Number (if known) _____

Account name _____ Account Number _____

Financial Manager (existing FOAPS) _____ Program code or function (if known) _____

For New FOAP Requests:

Name of Financial Manager (will have inquiry access and approval authority) _____

To add additional users with approval authority, complete the 'Requisition Approval Form'

Name of individuals who will have inquiry access and/or access to enter requisitions:

<u>Name</u>	<u>Budget Query Access? (y/n)</u>	<u>Enter Requisitions? (y/n)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Financial Manager signature _____ Budget Manager signature _____

PLEASE E-MAIL THE COMPLETED FORM TO MARY THOMAS AT jarag1@wpunj.edu

The requestor will be notified via e-mail when the FOAP is in Banner.