



# New FOAP Request Form

University of La Verne - Office of Financial and Business Services

Please choose one of the following (required):

**Fund**

**Organization**

**Account**

**Program**

**Please complete the signature authorization form found at the following link and staple the original to the new FOAP Request Form upon completion: <http://sites.laverne.edu/accounts-payable/signature-authorization-form-and-instruction/>**

Date: \_\_\_\_\_

College/Office: \_\_\_\_\_

Proposed Name: \_\_\_\_\_  
(35 character limit)

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Source of Funding: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dean/Vice President: \_\_\_\_\_

Budget Manager or Grant PI: \_\_\_\_\_

Banner ID # **(Required)**: \_\_\_\_\_

Does the Budget Manager have access to Banner Self-Service? Yes No

### Grant Classification Questionnaire

Is this a Grant? Yes No

Is this a Capital Project? Yes No

If this is a grant, please select one of the follow types of grant classifications:

Federal: State: Municipal: Private:

Are there Matching Funds? Yes No

Is there Cost Share? Yes No Is there Indirect Cost? Yes No

**\*\*Please attach required documentation for Grant creation.\*\***

### Dean / Senior Manager Approval

Signature of Dean / Senior Manager: \_\_\_\_\_

Date: \_\_\_\_\_

### OTMB Office Use Only

Approved by: \_\_\_\_\_

Budget Authorized Approver

Date: \_\_\_\_\_

### OFBS Use Only

Fund: \_\_\_\_\_ Organization: \_\_\_\_\_ Account: \_\_\_\_\_ Program: \_\_\_\_\_ FASB: \_\_\_\_\_

Fund Balance: \_\_\_\_\_ Email Notice Sent to: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Grant Code: \_\_\_\_\_ Additional Grant Fund if Needed for cost share or matching: \_\_\_\_\_ Other Notes: \_\_\_\_\_

Approved by: \_\_\_\_\_

Associate Vice President of Finance

Posted By: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to the Office of Financial and Business services upon completion. For questions, please call ext. 4333