Florida Atlantic University

REQUEST FOR APPROVAL OF PERQUISITES OR SALE OF GOODS AND SERVICES

TO: Office of Human Resources **FROM:**

1.University Code: FAU

2. (Check one) a. ◉ New request for approval b. ○ Request to revise existing approval--Request #
c. ○ Request to delete existing approval--Request #_____

3. a. County Code: _____ b. Facility _____
c. Address:

4. CLASSIFICATION/POSITION INFORMATION - Applicable SP/AMP/Faculty Position Number(s):

5. JUSTIFICATION/REMARKS: a. Required? (Y or N) _____ b. Justification Code: _____
c. Justification Narrative:

6. ITEM DESCRIPTION: a. Goods or Services Code: _____ Narrative Description:

b. University Item I.D.:

7. PER UNIT COST INFORMATION:

a. Class Code	b. Annual Cost to State	c. Annual Maint. Allowance Cost	d. Annual Fair Market Value	e. Annual Charge to Employee	f. Monthly Cost to State

8. Total Annual Cost for all Positions: _____9. BEGINNING DATE: _____ENDING DATE:_____

10. BASIS FOR COST DETERMINATION:

11. _____ 12. _____
Requesting Department Date

13. _____ 14. _____
Human Resources Date

ACTION TAKEN: a. ◉ Approved b. ○ Disapproved

15. By:_____ _____
University Authorized Signature Date