

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 INFORMATION:

a. Pay Plan b. Class Code c. F.T.E. in Class d. Class Title

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:

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

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: \_\_\_\_\_ Date \_\_\_\_\_  
University Authorized Signature