

iStores Signature Authorization Request

Date: _____

Net id: _____

UIN: _____

Name: _____

Dollar Limit: _____ .00

(Blank indicates unlimited)

Check One:

- Add New Approver
- Edit Existing Approver
- Remove Approver

ORGANIZATION AUTHORIZATION

If entering Full CFOP strings, leave this blank (see below)

CAMPUS: ___ Organization Segment: _____
(required) (required) (optional)

You must enter the first 3 characters, the last 3 characters are optional.
ie. Value of "566" would allow approval of any CFOAPAL with the Organization Segment starting with "566"

CFOP AUTHORIZATION

Limit person to purchase only on these CFOP Strings

CFOP: __ - _____ - _____ - _____

CFOP: __ - _____ - _____ - _____

CFOP: __ - _____ - _____ - _____

(Use back of form for more CFOP Strings)

Employee's Signature: _____

Departmental

Authorizer Signature: _____

NetID: _____

Please return completed form to:

Facilities and Services
Stores, Mail and Receiving
1609 S. Oak Street, MC-662
Champaign, IL 61820

or

Fax completed form to: 217-244-3460