

**UNIVERSITY OF WEST FLORIDA
CONTROLLER'S OFFICE
REQUEST FOR ONLINE FORM ACCESS**

I hereby authorize the following individual to access the UWF invoicing program:

AUTHORIZED SIGNATURE

Banner Id	Typed Name	Signature
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All invoices require approval before being submitted. Can this individual approve their own invoices?

The department creating the forms is responsible for maintaining accountability of them. This includes all voided forms and the appropriate departmental copy for audit purposes.

DEPARTMENT HEAD APPROVAL

Typed Name (Department Head)	Signature
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Department Name	Department Number (Index Number)
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Date

Brief statement regarding the use of the form to be indicated below:

CONTROLLER'S OFFICE APPROVAL

Approved by:	Date: