

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: 72 33.06 re f 4. 2 33.00 re f 4. 2 33.00 iiYy u f 4. 0203 48 ~ ' \$€\$PER©iiÒ

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. _____ Requesting Department 12. _____ Date

13. _____ Human Resources 14. _____ Date

ACTION TAKEN: a. Approved b. Disapproved

15. By: _____ University Authorized Signature _____ Date _____