UF Department ID Authorized Approver Request Form for Requisitions and Invoices Email completed form to myufmarketplace@ufl.edu or fax to 352.392.0081

*my*uf marketplace

Name of Person Making this Request:	Date:
Email/Phone:	

This form is designed for those who wish to add or remove approvers to specific 8-digit Department IDs in myuf Marketplace. Please keep in mind all Department IDs must have at least two (2) approvers assigned for both requisition and invoice approvals. *All steps must be completed prior to requisition and/or invoice approval access being granted*

- Steps for adding a Requisition Financial Approver and Invoice Level 2 Approver:
 - Have your DSA assign the role **UF_N_MKT_FINANCIAL_APPROVER** (Overnight update)
 - After the role is assigned, have your Req Financial Approver and/or Invoice Approver log into myUF Marketplace
 - Send this form to myufmarketplace@ufl.edu to make the Department ID Assignment request
- Steps for adding an Invoice Level 1 Approver:
 - 1. Have your DSA assign the role **UF_N_MKT_REQUESTOR** (Overnight update)
 - 2. After the role is assigned, have your Invoice Approver log into myUF Marketplace
 - Send this form to myufmarketplace@ufl.edu to make the Department ID Assignment request
- The log in point to myuf Marketplace is: MyUFL>My Self Service> myuf Marketplace.
- Removals do not require the Requisition Financial Approver's signature, only UFID. DSAs should remove the Financial Approver or

Requisition roles if necessary. Invoice leve	el 2 approvers cannot create non-PO invoices.		
	Requisition Financial Approver Is Responsible For These Amounts (check all that apply)	Invoice Approver (Pick one level per approver)	
Approver Name, Job Title & UFID	\$0-\$74,999.99 \$75,000.00- \$500.000.00+ \$499,999.99 Add Remove Add Remove	Level 1 Level 2 Add Remove Add Remove	
Name			
Job Title	Requisition Approver		
UFID	Signature**:		
Name			
Job Title	Requisition Approver Signature**:		
UFID	o.ga.a.o		
Name			
Job Title	Requisition Approver		
UFID	Signature**:		
Name			
Job Title			
UFID	Requisition Approver Signature**:		
this form):	f more than 8 IDs, please email the list in a spreadsheet to i		
Dean, Director or Department Chair Approv	<u>val</u> (required for Requisition Financial Approval)		
Name:	Title:		
Signature**:	Date:		

** By signing this document, each individual is acknowledging access to/understanding of the following:

- The responsibilities as they relate to Financial Approvers and the "Who Should Be the Approver" Instruction Guide http://identity.it.ufl.edu/identity-coordination/coordination-roles/who-should-be-the-approver
- The UF Internal Control guidelines https://www.fa.ufl.edu/departments/internal-controls
- The Department Approvers overview for invoices https://www.fa.ufl.edu/directives/department-approvers

04/07/2020

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Req completion _____ Date ____ Date ____ Date ____