

**Chart of Accounts:**

Chart U- University  
Chart F – Foundation

**REQUEST TO CREATE BANNER F O P SEGMENTS**

**Complete this form to request a new Fund, Organization, or Program Code (FOP)  
combination or an individual Fund, Organization, or Program Code**

1 What physical location is associated with this code request?

2 Department name?

3 Describe the reason for this request?

4 Will the segments you are requesting be used to record payroll transactions?  Yes  No

5 Is this a request for a new -  
 Fund  Organization  Program

Check all that apply, If Organization only skip to 7, if Program only, skip to 9,

**6 Establish A Fund**

6a What type of Fund is needed to record this financial activity?

6b What is the predecessor Fund # ?

Fund #  Title

6c Enter Suggested Title  
(35 Char limit)

6d Long Title

6e What is the effective date of this Fund?   
(MMDDYYYY)

**7 Establish an Organization**

8a Enter Suggested Title  
(35 Char limit)

8b What is the Predecessor organization?

Org #  Title

8b What is the effective date of this Organization?   
(MMDDYYYY)

**9 Establish a Program Code**

9a What fund(s) will this program be associated with?

9b Enter Suggested title  
(35 Char limit)

9c What is the function of this Program Code?

9d What is the effective date of this Pogram code?

(MMDDYYYY)

**10 Account Authority Information**

Please fill out Page#3 of this form for account authority information

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**Financial Services Office Use only:**

Fund Type

Fund

Org

Program

Grant Fund

Predecessor

Entity

Established by (name)

Established on (Date)

Financial Services  
Carrington Hall 113  
901 S National Avenue  
Springfield, MO-65897  
[BannerFinance@MissouriState.edu](mailto:BannerFinance@MissouriState.edu)



BANNER FINANCE

### FOAPAL AUTHORIZATION FORM

Chart of Accounts: U- University  F- Foundation   
*Please check any one only*

FUND#	Title of Fund Code
<input type="text"/>	<input type="text"/>

ORGANIZATION#	Title of Organization Code
<input type="text"/>	<input type="text"/>

#### REQUISITION ORIGINATORS:

Complete all fields below for each person who is to be authorized to ORIGINATE a requisition charged to this Fund/Orgn, but who is NOT required to approve all requisitions for this account.

Name: _____	M-Number: _____
Department: _____	View Only: <input type="checkbox"/> View/Update: <input type="checkbox"/>
Signature: _____	Date: _____

#### REQUISITION APPROVERS:

Complete all fields below for each person who will be REQUIRED to APPROVE ALL requisitions charged to this Fund/Orgn. These individuals will also be authorized to originate requisitions charged to this account.

Name: _____	M-Number: _____
Department: _____	Are all approvals required?
Additional approver? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Replace existing approver? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If Replacing, _____	
Signature: _____	Date: _____

#### Authorized Signature:

Signature: _____	Date: _____
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Please do not write below this line

Authority Records created by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_