

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*

Do you need to approve requisitions as a Financial Approver and/or invoices as a Level 2 Approver?

*Have your DSA assign the role **UF_N_MKT_FINANCIAL_APPROVER** (Overnight update)

OR

Do you need to approve invoices as a Level 1 Approver?

*Have your DSA assign the role **UF_N_MKT_REQUESTOR** (Overnight update)

Attach completed form using this link: [myUFMarketplace Helpdesk Topic](#) to make the Department ID Assignment request

- ❖ Removals do not require the Requisition Financial Approver's signature, only UFID. DSAs should remove the Financial Approver or Requisition roles if necessary. Invoice level 2 approvers cannot create non-PO invoices.

Approver Name, Job Title & UFID	Requisition Financial Approver Is Responsible For These Amounts (check all that apply)						Invoice Approver (Pick one level per approver)	
	\$0-\$74,999.99		\$75,000.00-\$499,999.99		\$500,000.00+		Level 1	Level 2
	Add	Remove	Add	Remove	Add	Remove	Add	Remove
Name								
Job Title	Requisition Approver							
UFID	Signature**:							
Name								
Job Title	Requisition Approver							
UFID	Signature**:							
Name								
Job Title	Requisition Approver							
UFID	Signature**:							
Name								
Job Title	Requisition Approver							
UFID	Signature**:							

List **all** 8-digit Department IDs to be updated (if more than 8 IDs, please attach the list in an editable excel spreadsheet with this form)
 If all department IDs are needed for the business unit, please add "all active dept Ids for XXXX"

Dean, Director or Department Chair Approval (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" <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/departments/approvers>

04/27/2023

Internal use only

Req completion _____ Date _____ AP completion _____ Date _____