iStores Signature Authorization Request

Date: __________________
Net id: __________________                  UIN: __________________
Name: _____________________________________________
Dollar Limit: ______________________.00
(Blank indicates unlimited)

Check One:
☐ Add New Approver
☐ Edit Existing Approver
☐ Remove Approver

ORGANIZATION AUTHORIZATION
If entering Full CFOP strings, leave this blank (see below)

CAMPUS: ___Organization Segment: ___ ___ ___ ___ ___ ___ ___
(required) (required) (optional)
You must enter the first 3 characters, the last 3 characters are optional.
ie. Value of “566” would allow approval of any CFOAPAL with the Organization
   Segment starting with “566”

CFOP AUTHORIZATION
Limit person to purchase only on these CFOP Strings

CFOP: __ - __ ________ - ___________ - ___________ -

CFOP: __ - __ ________ - ___________ - ___________

CFOP: __ - __ ________ - ___________ - ___________
(Use back of form for more CFOP Strings)

Employee’s Signature: _________________________________
Departmental
Authorizer Signature: _______________________________

NetID: _________________________________

Please return completed form to:
Facilities and Services
Stores, Mail and Receiving
1609 S. Oak Street, MC-662
Champaign, IL 61820

or
Fax completed form to: 217-244-3460