

**MISSISSIPPI STATE UNIVERSITY
APPROVAL QUEUE REQUEST FORM
REQUISITION**

Department: _____ **Date:** _____

QUEUE DEFINITION:

Org Code					
Owner (Yes/No)					
Fund Type (if necessary)					

***DATA ENTRY:**

Login ID	Name	Login ID	Name

***LEVEL ONE APPROVER:** _____ **Maximum S Amount:** _____

Login ID	Name	Login ID	Name

***LEVEL TWO APPROVER (if necessary):** _____ **Maximum S Amount:** _____

Login ID	Name	Login ID	Name

***LEVEL THREE APPROVER (if necessary):** _____ **Maximum S Amount:** _____

Login ID	Name	Login ID	Name

*** Each level requires to have at least one back-up person**

Approved by:

Department Head

Dean/Director

Vice President