TEXAS A&M UNIVERSITY-CORPUS CHRISTI
CONCUR ROUTING APPROVAL FORM
FAMIS SCREEN 919

FOUR/FIVE LETTER DEPT CODE:_____ DATE: _____

SUB DEPT CODE: _____

RESPONSIBLE PERSON: _____ UIN: _____
(s/b listed as approver below)

CONTACT PERSON: _____ EXT: _____

APPROVER #1 (*optional-fill in if a stop is needed prior to final approver*)

NAME _____

UIN _____ _____
SIGNATURE

APPROVER #1 - SUB ***Needs to be set up as an Expense Delegate Approver in Concur***

FINAL APPROVER (ONLY STOP OR FINAL STOP TO APPROVER #1)

NAME _____

UIN _____ _____
SIGNATURE

FINAL APPROVER - SUB

NAME _____

UIN _____ _____
SIGNATURE

FOUR/FIVE LETTER CODE - the four or five digit department code, not the department name (i.e. ACCT)

SUBDEPT CODE - the four or five digit subdepartment code; not subdept name (i.e. RES1)
*****Please be sure the department-subdept correspond with FAMIS. We will need a separate form for each subdepartment*****

RESPONSIBLE PERSON-the responsible person of the department. The person listed on this line is not automatically given approver access; they must be listed as an approver on the boxes below.

CONTACT PERSON-a person we can contact with questions concerning this form

APPROVER#1 (*optional*)- the person you want as first approver in the routing path of document; this person will be the stop prior to the final approver.

FINAL APPROVER - the person you want as final approver in the routing path of document

Email completed form to accounting services@tamucc.edu or fax to ext 5925.

UPDATED 10/22/2014