

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

Department: _____ Date: _____

Requisition: _____ Direct Pay (A06): _____ Invoice: _____

QUEUE DEFINITION:

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

***DATA ENTRY:**

Login ID	Name	Login ID	Name

***LEVEL ONE APPROVERS:**

Maximum \$ Amount: _____

Login ID	Name	Login ID	Name

***LEVEL TWO APPROVERS:**

Maximum \$ Amount: _____

Login ID	Name	Login ID	Name

***LEVEL THREE APPROVERS:**

Maximum \$ Amount: _____

Login ID	Name	Login ID	Name

*Each level is required to have at least one back-up person (two users) listed.

Approved by:

Department Head

Dean/Director

Vice President

FOR INTERNAL USE ONLY
