DISBURSEMENTS ACCOUNT APPROVAL FORM

This form outlines the Account Approvers for eCheck Requests and eBERFs processed via UMeNET.
Completed forms should be emailed to disbursements@miami.edu for processing.

Authorizing Financial Administrator:

_____   _____   _____   _____/_____/_____
    Printed Name – PI or Dept Admin   **Signature**   **UM Job Title**   **Date**

Authorization:

Acting as the ☐ Account PI ☐ Department Admin, I authorize that those listed below are appropriate account approvers for all:
               Check One

    ☐ electronic check requests (eChecks)   ☐ electronic business expense reimbursements (eBERFs)   ☐ both

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Accounts:

                              _____   _____
                                   Department Name   **Dept/Sub-Dept Number**

☐ All Accounts   ☐ Specific Accounts (please list):

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Add Authorized Approvers:

Level 1 Approver – REQUIRED	**Approval Threshold: over $0.00**

1 Name: _____   Signature: _____
               Print Name

2 Name: _____   Signature: _____
               Print Name

3 Name: _____   Signature: _____
               Print Name

Level 2 Approver (optional)   **Approval Threshold: starting over $_____**

1 Name: _____   Signature: _____
               Print Name

2 Name: _____   Signature: _____
               Print Name

Level 3 - Dean/Chair/Dept Head Level Approval – REQUIRED   Threshold: **≥$25,000** or other: $_____
                                                                      Specify amount less than $25,000

Name: _____   Signature: _____
             Print Name

Remove Approver(s):

Name: _____   Approval Level: _____
             Print Name

NOTE: If the eCheck/eBERF submitter is also the account approver, additional department approval is required before the document will be fully approved.