



FLORIDA STATE UNIVERSITY  
 OFFICE OF HUMAN RESOURCES  
 A6200 University Center  
 Tallahassee, FL 32306-2410  
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## Perquisites or Sale of Goods and Services Request for Approval

Submit this form to the Office of Human Resources ([hr@fsu.edu](mailto:hr@fsu.edu) or mail code 2410)

Department Name \_\_\_\_\_  
 Campus Mail Code \_\_\_\_\_  
 Department Contact Person \_\_\_\_\_  
 Email \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

- Is this a  New Request or  Revised Request (*check one*)
- Is the request for:
  - a one-time purchase?
  - recurring purchases? Specify frequency (*annual, every semester, etc.*) \_\_\_\_\_

*Note: Approvals for recurring purchases will automatically expire five years from the approval date. Substantial cost increases may also trigger the need for a new approval, on a case-by-case basis.*

- Is the perquisite/sale of goods and services a condition of employment for the employee(s)?  Yes  No

4. Item Description

a.	Goods or services, short description:
b.	Narrative description:

5. Justification/Purpose narrative


- The total number of employees to receive the requested perquisite is \_\_\_\_\_.
- Per item unit cost \_\_\_\_\_. Basis for cost/fair market value determination \_\_\_\_\_.
- Per unit cost information by Salary Plan (AEX, A&P, Faculty, USPS, OPS). Total annual cost for all positions \_\_\_\_\_.

Salary Plan	Job Code	Title	Total FTE in Title	Annual Cost or One Time Cost	Fair Market Value

9. \_\_\_\_\_  
 Requesting Department Authority      Date

### Review/Approvals

Assistant Vice President for Human Resources (*Or Designee*) \_\_\_\_\_ Date \_\_\_\_\_  
 Endorsed     Not Endorsed

Division Vice President (*Or Designee*) \_\_\_\_\_ Date \_\_\_\_\_  
 Approved     Denied