



Request for Approval to Collect Funds/Renewal

Please complete both sides of this application and return to the Office of Finance and Administration, 200 Netzer. If you need assistance, please contact the office at 2081.

Department or Organization:				
Person Submitting Request:				
Account Manager:				
Alternate Signatory, if desired:				
Description of activity or program for which funds will be used (a separate sheet may be used) :				
Date(s) of activity/event:				
Funds will be collected from:	<input type="radio"/> students	<input type="radio"/> employees	<input type="radio"/> community	<input type="radio"/> other
Anticipated payment types:	<input type="radio"/> cash	<input type="radio"/> check	<input type="radio"/> dragon dollars	<input type="radio"/> credit card
Account to which funds will be deposited (if known):	<input type="radio"/> state IFR	<input type="radio"/> agency acct	<input type="radio"/> college fdn/ alumni assn.	<input type="radio"/> student assn

PLEASE COMPLETE THE SUMMARY BUDGET FOUND ON BACK AND ATTACH A DETAILED ITEMIZED BUDGET

I agree to abide by the requirements of the College [Cash Handling and Payment Collection Policy and Policies](#) and [Procedures for Agency Accounts](#), if applicable:

Account Manager Signature Print Name Date

Alternate Signatory Signature Print Name Date

Department Chair or Supervisor Signature Print Name Date

Dean or Associate Vice President Signature Print Name Date

Vice President or Provost Signature Print Name Date

Office use only: Account type: <input type="checkbox"/> State IFR <input type="checkbox"/> Agency Account <input type="checkbox"/> College Fdn./Alumni Assn <input type="checkbox"/> Student Assn Funds Posted to Student Accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No Banner detail code: _____ <input type="checkbox"/> Commerce Manager: <input type="checkbox"/> Conference <input type="checkbox"/> Event <input type="checkbox"/> Other: _____

PLEASE ATTACH A SEPARATE DETAILED ITEMIZED BUDGET OF ESTIMATED COLLECTIONS AND EXPENSES

You must be able to show that your collections will cover all of your expenses - The account may not run at a deficit.

SUMMARY BUDGET

A.	Participant costs (if applicable): Number of participants: _____ Cost per participant (including Overhead) _____ Other sources of revenue:	Estimated Collections (revenue): \$
B.		Estimated Expenses: \$
C.	*varies by account; this will be determined based on account type established. i.e. Agency Acct fee is 5% of collections.	Overhead Fees*: \$
D.		Subtotal Expenses(B+C): \$
E.		Total Excess Funds (A-D): \$
<p>Please describe planned use of excess funds:</p> <p style="text-align: center;"><i>If part of an activity is funded by a Sponsor, excess funds shall be returned to that Sponsor</i></p>		

Please Note:

- SUNY employees may not be paid from Agency Account funds; such expenditures must be made through the SUNY Payroll.
- Interest earned on agency accounts will be kept by OAS in addition to the 5% fee.
- Accounts not active for a period of 3 years will be closed.
- All accounts are subject to internal and external reviews and audits on a regular basis.

OFFICE USE ONLY	
Approved: _____	Date: _____
Activity approved as sales tax exempt YES ____ NO ____	