

**UNIVERSITY AT ALBANY**  
STATE UNIVERSITY OF NEW YORK

## ACCOUNT APPLICATION

**INSTRUCTIONS**

Complete all sections and include additional attachments or information as necessary. **This application should be returned to the Controller's Office in the University Administration Building, Room 415 at least 30 days prior to the start date of the proposed activity.** If you have any questions, please contact the Controller's Office at 442-3105.

**ACCOUNT INFORMATION**

**Account Title** \_\_\_\_\_

**Project Director** \_\_\_\_\_ **Department** \_\_\_\_\_

**Campus Address** \_\_\_\_\_ **Division** \_\_\_\_\_

\_\_\_\_\_ **Campus Phone** \_\_\_\_\_

**Activity Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Activity End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Authorized Signatories**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Print Name

Signature

Title

**Please explain the nature of the activity for which this account is being requested, and identify any known restrictions or special considerations:**

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**Please provide the following information with respect to revenues that would be deposited into this account.**

Estimate of total revenues: \$ \_\_\_\_\_

Client(s) or Participants: State Agency: \_\_\_\_\_ Not-For-Profit: \_\_\_\_\_ Students: \_\_\_\_\_ Other: \_\_\_\_\_

Will you be collecting cash or checks for the service(s) provided? Cash \_\_\_\_\_ Checks \_\_\_\_\_ Neither \_\_\_\_\_

Fee Charged: \$ \_\_\_\_\_ per \_\_\_\_\_

Is this activity, product or service available from another source? YES \_\_\_\_\_ NO \_\_\_\_\_

**EXPENSES**

**Identify the major expenses to be associated with this account (i.e. personnel, equipment, supplies, etc.):**

Expense Type	% of Total

**INCOME**

**Identify the major sources of income to be associated with this account (i.e. fees, services, other activities, etc.):**

Income Type	% of Total

**SIGNATURES**

**Project Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Head/Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean/Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Vice President:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please do not instruct clients or participants to make checks out in advance to a specific payee until the appropriate account has been established.