

**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 University Hall, Room 212 at least 30 days prior to advertising or committing to the proposed activity.** If you have any questions, please contact the Controller's Office at 956-8120.

**ACCOUNT INFORMATION**

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

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

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

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

**Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (leave end-date blank for permanent or long-term accounts)

**Authorized Signatories**

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

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

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

Print Name

Signature

Title

**Fully explain the purpose of the account and identify any known restrictions or special considerations (attach additional material that would be pertinent):**

## EXPENSES

Identify the major types of 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

Provide the following additional details as applicable:

- Estimated total revenue: \$ \_\_\_\_\_ Annual: \_\_\_\_\_ One-time: \_\_\_\_\_
- Fee Charged: \$ \_\_\_\_\_ per \_\_\_\_\_\*
- Client(s): State Agency: Not-For-Profit: Students: Other (describe):  
\_\_\_\_\_

- Is this product or service available from another source?
- Indicate method of payment accepted for service(s) provided:      Credit Card      Check

\*In general, fees must be cost based and approved separate from this account application. If you have not already done so, contact the Controller's Office to consult about fee structure.

## SIGNATURES

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

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

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

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

*Applications must be signed by the Vice President of your unit prior to submission.  
Return this completed application to the Controller's Office in University Hall, Room 212  
at least 30 days prior to advertising or committing to the proposed activity.*