SUNY ONEONTA 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 progr	am for which fund	ds will be used (a se	parate sheet may be u	sed) :
Date(s) of activity/event:				
Funds will be collected from:	Ostudents	Oemployees	Ocommunity	O other
Anticipated payment types:	Ocash	Ocheck	Odragon dollars	O credit card
Account to which funds will be deposited (if known):	Ostate IFR*	Oagency acct	Ocollege fdn/ alumni assn.	O student assn
I agree to abide by the requirem Procedures for Agency Account		ge Cash Handling ar	nd Payment Collection	<u>n Policy</u> and <u>Policies and</u>
Account Manager Signature		Pri	nt Name	Date
Alternate Signatory Signature		Pri	nt Name	Date
Department Chair or Supervisor Signature		Pri	nt Name	Date
Dean or Associate Vice President Signature		Pri	nt Name	Date
Vice President or Provost Signa	Pri	nt Name	Date	
Office use only: Account type: State IFR Ag Funds Posted to Student Accounts? Banner detail code:	Tyes No Da	te budget submitted to S		her:

PLEASE ATTACH A SEPARATE <u>DETAILED</u> 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	
For ongoing or annual activities, an updated budget must be submitted	<mark>each year.</mark>
Estimated Collections (revenue): Participant costs (if applicable): Number of participants: Cost per participant (including overhead) Other sources of revenue:	\$ \$ \$ TOTAL: \$
Estimated Expenses:	\$
Overhead Fees*: *varies by account; this will be determined based on account type established. i.e. Agency Acct fee is 5% of collections.	\$
Subtotal Expenses(B+C):	\$
Total Excess Funds (A-D):	\$
-	nat Sponsor
	For ongoing or annual activities, an updated budget must be submitted Estimated Collections (revenue): Participant costs (if applicable): Number of participants: Cost per participant (including overhead) Other sources of revenue: Estimated Expenses: Verhead Fees*: *varies by account; this will be determined based on account type established. i.e. Agency Acct fee is 5% of collections.

SUMMARY BUDGET

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	