## **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 fun	ds will be used (a se	eparate sheet may be us	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

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

I agree to abide by the requirements of the College <u>Cash Handling and Payment Collection Policy and Policies</u> and <u>Procedures for Agency Accounts</u>, 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:  State IFR  Agency Account  College Fdn./Alumni Assn  Student Assn    Funds Posted to Student Accounts?  Yes  No    Banner detail code:   Commerce Manager:  Conference  Event  Other:				

## 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.

1	SUMMARY BUDGET			
А.	Participant costs (if applicable):  Estimated Collections (revenue):    Number of participants:	\$		
B.	Estimated Expenses:	\$		
C.	Overhead Fees*: \$ *varies by account; this will be determined based on account type established. i.e. Agency Acct fee is 5% of collections.			
D.	Subtotal Expenses(B+C):	\$		
E.	Total Excess Funds (A-D):	\$		
Please describe planned use of excess funds:				
If part of an activity is funded by a Sponsor, excess funds shall be returned to that Sponsor				

## 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	