

# Farmingdale State College

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 Budget Office in Horton Hall, Room 160 at least 30 days prior to advertising or committing to the proposed activity.** If you have any questions, please contact the Budget Office at 631-420-2424.

### 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 **Budget Office in Horton Hall, Room 160** at least  
30 days prior to advertising or committing to the proposed activity.*