

## SUNY Canton NEW STATE ACCOUNT APPLICATION

### INSTRUCTIONS

Complete all sections and include additional attachments or information as necessary. **This application should be returned to the Accounting Office in the French Hall, Room 211 at least 30 days prior to the start date of the proposed activity.** If you have any questions, please contact the Accounting Office at 386-7019.

### ACCOUNT INFORMATION

<b>New Account Title</b>	_____		
<b>Dean/Director</b>	_____	<b>Department</b>	_____
<b>Campus Address</b>	_____	<b>Campus Phone</b>	_____
<b>Activity Start Date:</b>	_____	<b>Activity End Date:</b>	_____
<b>Authorized Signatories</b>			
<b>Print Name</b>	<b>Signature</b>	<b>Title</b>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

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

Client(s) or Participants:

State Agency	Not-For-Profit	Students	Other

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.):**

**Be very specific as to what type of expenditures will be charged to this account so the proper NACUBO function can be determined for GL reporting purposes.**

**Expense Type**

**SIGNATURES**

**Department  
Head/Chair:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Dean/Director:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**For Administrative use only**

Account Number

\_\_\_\_\_

Submitted to System Admin

\_\_\_\_\_

Add to:

Signature List

\_\_\_\_\_

Job Functions

\_\_\_\_\_

SMRT

\_\_\_\_\_