

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 21 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

New Account Title _____

Dean/Director _____ **Department** _____

Campus Address _____ **Campus Phone** _____

Activity Start Date: _____ **Activity End Date:** _____

Authorize Signatories Print Name	Signature	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

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
