

INSTRUCTIONS FOR COMPLETING OTHER AGENCY ACCOUNT APPLICATION

1. Use the following descriptors to complete your application.

NAME OF PROPOSED ACCOUNT - Please enter the name by which this account, if approved, will be known.

NAME OF APPLICANT/PRIMARY SIGNATORY – This is the person who, as primary signatory for the account, will be responsible for the administration of all account functions.

PRIMARY SIGNATORY’S CAMPUS ADDRESS / PRIMARY SIGNATORY’S CAMPUS PHONE NUMBER –
Please enter the information requested.

NAME OF PRIMARY SIGNATORY’S SUPERVISOR OR ORGANIZATION OFFICER WHO WILL SERVE AS AUTHORIZING SIGNATORY FOR THE ACCOUNT – Enter the name of your supervisor or the organization officer who will serve as the authorizing signatory of the account.

ESTIMATED START DATE – This is the date that, if approved, the account will begin activity.

ESTIMATED END DATE - This is the anticipated date that the account will no longer be required and should be closed at this time. Accounts without activity for 24 months will automatically be closed.

SOURCE(S) OF FUNDS – List the origin of the funds that will be deposited to the account.

PURPOSE(S) FOR WHICH FUNDS WILL BE USED – Select from the list of six approved categories for which the account can/will be used. If purpose for which funds will be used changes, a new application must be completed.

University Employee or Brockport Student service payments and Student tuition/scholarship payments are NOT permitted.

- 2. Forward the completed application to your Vice President, Assistant V.P. or Dean for approval.**
- 3. If approved by your Vice President, Assistant V.P. or Dean forward the completed application to the Assistant VP Finance Management for approval.**
- 4. If approved, the Assistant VP Finance Management will forward your application to the Brockport Auxiliary Service Corporation.**
- 5. The BASC accounting department will notify the primary signatory that the account has been approved. The primary and authorizing signatories will be required to execute a formal contract and authorized signature card.**
- 6. The Primary signatory will receive a contract, forms, and Guidelines set by The State University of New York and the Brockport Auxiliary Service Corporation which you are required to adhere. Please review these guidelines and address any questions you may have.**
- 7. Funds must be deposited to the account prior to issuance of checks.**

APPLICATION FOR OTHER AGENCY ACCOUNT

DATE _____

NAME OF PROPOSED ACCOUNT: _____

NAME OF APPLICANT/PRIMARY SIGNATORY: _____

PRIMARY SIGNATORY'S CAMPUS ADDRESS: _____

PRIMARY SIGNATORY'S CAMPUS PHONE NUMBER: _____

NAME OF PRIMARY SIGNATORY'S SUPERVISOR OR ORGANIZATION OFFICER WHO WILL SERVE AS

AUTHORIZING SIGNATORY FOR THE ACCOUNT: _____

ESTIMATED START DATE OF PROPOSED ACCOUNT: _____

ESTIMATED END DATE OF PROPOSED ACCOUNT: _____

Accounts without activity for 24 months will be closed.

SOURCE(S) OF FUNDS: _____

PURPOSE(S) FOR WHICH FUNDS WILL BE USED:

* *Student tuition/scholarship payments not permitted.**

() Equipment less than \$500.00

Cannot be sent to home addresses.

Equipment over \$500.00 must be purchased thru Campus Purchasing.

() Supplies

Cannot be used for student consumable supplies relating to credit bearing courses.

() Travel & Lodging

() Event Fees/Costs, Registrations, Dues, Memberships

() Donations

Must be made payable to the Organization receiving the Donation.

() Service Payment to Individual(s)

Cannot pay a University Employee or Brockport Student for any type of service.

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() Approved () Disapproved Date: _____

Vice President/Assistant V.P. or Dean: _____

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() Approved () Disapproved Date: _____

Asst. V.P. Finance Management: _____

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FOR BASC USE ONLY

Date Account Initiated: _____ Account #: _____

SubEntered: **EQU** **SUP** **TRA** **EVE** **DON** **IND**