

IFR Account Request Form Business Affairs Office

This form is used to establish a new or update an existing IFR account. Return the completed and signed form to Isabelle Gates-Shult (gatessia@potsdam.edu).

Requester Information					
Contact Name:					
Department:					
IFR Account Information					
1.	Action Requested:	Establish New Account	Update Existing Account	Inactivate Account	
2.	2. Account Name (32 character max.)				
3.	3. If updating or inactivating account, provide Account Number: Reason for the update or inactivation:				
4.	4. Is there a fee associated with this account? Yes (Attach proof of approval with request) No				
5.	In detail, describe the prog What is the benefit of		account? What goods and/or serv	ices will be provided?	
6.	Who will provide the revenues received by this account?				
	Foundation		Alumni Association Student Association		
	College Auxiliary Services Research Foundation				
		n Foundation	Student Account		
	Other (Please Specify Below)				

Revised: 06/30/22

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Estimated Year 1 Budget

Estimated Revenue Less: Administrative Overhead (5.6%) Attach justification for administrative and/or Maintenance Overhead (8.7%) maintenance overhead rate waiver if applicable **Net Revenue Estimated Personal Services PSR** Instructional **PSR Non-Instructional Temporary Service** Fringe Benefit Cost (63.86%) Temporary Service - Student **Total Salaries and Benefits OTPS** Supplies Travel Equipment Contractual Recharges Other **Total OTPS Total Operating Expenditures** Surplus/(Deficit) Authorization **Account Owner** Print Name: Date: Dean/Director Signature: _____ Print Name: Date: Provost/Vice-President Date: **Director of Budget and Financial Reporting** Print Name: Signature: Date: **Vice-President for Administration & Finance** Print Name: Date: Signature: _____ **Central Finance Use Only** Banner Detail Code _____ Major Project Revenue Class _____

Account Number ____

Maintenance Overhead ___

UBIT _____

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Administrative Overhead ___

NACUBO Function _____