



ACTIVITY # _____

NYIT
REQUEST FOR AUTHORIZATION TO SET UP A NEW ACTIVITY FOR:

<input checked="" type="checkbox"/> Restricted	<input type="checkbox"/> Designated	<input type="checkbox"/> Endowment	<input type="checkbox"/> Grant	<input type="checkbox"/> Capital Project
<input type="checkbox"/> Scholarship	<input type="checkbox"/> Award	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Private

Campus:	Total Amount:	Date :
Account Title:		
Sponsors Name:		
Effective Date:	Close Date:	
Responsible Person:	Phone Number:	
Person Responsible for Budget:	Phone Number:	

Project Date: _____	Billing Frequency: _____
Payment Schedule: _____	Financial Reports Frequency: _____
* This is for Grant requests only	

Restrictions:



Was correspondence sent by the donor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	****If YES please attach****
Purpose of Activity:			

Source of Funding:	
Anticipated Revenue:	Budgeted Expenses:
Department Associated with:	
Requested by:	

Fund Group:	Organization:	Activity:
Activity Created by:		Budget Created by:
Approved by:		Date:
Reviewed by:		Date:
* To be filled out by the Controllers office		

Date Confirmation was Sent: _____

Date Revised: _____