YSU REQUEST FOR REVENUE PRODUCING PROGRAM

Program begin date_____and end date____ (ongoing? Yes)

This form should be used to request a set of account numbers to account for transactions related to the revenue producing program described below.

REVENUES	
Revenue Source	**Amount**
TOTAL REVENUES	$ 0.00

EXPENSES	
Expense Type	**Amount**
TOTAL EXPENSES (must not exceed total revenues)	$ 0.00

Describe revenue producing program

Type (check one): _____ Community Education _____ Community Service _____ Other

SUBMITTED BY _____ **DATE** _____

APPROVALS:

Chairperson/Director _____ Date _____

Dean/Executive Director _____ Date _____

Provost/ V.P. /President _____ Date _____

Bursar _____ Date _____

Controller's Office _____ Date _____

Budget Office _____ Date _____

FOAPAL assigned: _____-_____-_____-___ Updated 11/2026