

Office of the University Controller Florida State University

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UNRELATED BUSINESS INCOME SURVEY

	FOR FIS	CAL YEAR			
Account Number					
Account Name					
Contact Person					
Address					
Telephone Number					
Email Address					
Briefly describe the primary purpose, mission and/or objectives for having this account (i.e. why does it exist) and explain how its revenue is generated. If more space is required, please include an attachment.					
Revenue by (do not include	Source transfers)	Amo	<u>ount</u>	Percent	
a) Florida State					
Students					
Faculty / Sta	ff				
Departments	;				
b) Other SUS					
c) State of Florio	la Depts.				
d) General Publi	С				
e) Other (provide	details)				
Total (Should agree with y	/ear-end OMNI ledger)			100.00%	