



UNRELATED BUSINESS INCOME SURVEY

FOR FISCAL 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 Source
(do not include transfers)

Amount

Percent

a) Florida State	<input type="text"/>	<input type="text"/>
Students	<input type="text"/>	<input type="text"/>
Faculty / Staff	<input type="text"/>	<input type="text"/>
Departments	<input type="text"/>	<input type="text"/>
b) Other SUS	<input type="text"/>	<input type="text"/>
c) State of Florida Depts.	<input type="text"/>	<input type="text"/>
d) General Public	<input type="text"/>	<input type="text"/>
e) Other (provide details)	<input type="text"/>	<input type="text"/>
Total (Should agree with year-end OMNI ledger)	<input type="text"/>	<input type="text" value="100.00%"/>