

Department of Administrative Services – State Accounting Enterprise

Save Form

Request: New Fund or Fund Change

Print Form

Establish New Fund
Requestor Complete Part 1

Close Existing Fund
Requestor Complete Part 1

Change Fund for Earned Interest
Requestor Complete Part 2

PART 1 - To Be Completed by Requesting Department

Department Number _____

Department Name _____

Statutory Authority to Establish New Fund _____ *(Attach Authority to this Request)*

Name of (New) Fund _____

Short Name of (New) Fund *(Limited to 15 characters)* _____

Will Earned Interest be Credited to the Fund? Yes → Authority: _____
 No

Funding Source _____

Fund Description _____

Signature _____ *Title* _____ *Date* _____
Signer's Email Address _____

PART 2 - To Be Completed by Department of Management

Budget Fund Type _____ Fund Number _____

Earned Interest on this Fund will be Credited to (Identify Fund #) _____

Comments _____

Signature _____ *Title* _____ *Date* _____

PART 3 - To Be Completed by Department of Administrative Services

GAAP Fund Type _____ Restricted Unrestricted

Comments _____

Signature _____ *Title* _____ *Date* _____

System Entered Date _____ Signature _____