

**NEW DEPARTMENT / NAME CHANGE REQUEST
USED FOR NEW DEPARTMENTS WITHIN A FUND (ex. FUND 5050)**

SECTION A (To be completed by person requesting)	
DATE OF REQUEST	
PERSON REQUESTING	
DEPARTMENT REQUESTING	
NAME OF DEPARTMENT	
DOES DEPARTMENT RECEIVE GRANT MONIES?	Yes No
GRANT NUMBER ASSIGNED	
FOR DEPARTMENT NAME CHANGE ENTER NEW DEPARTMENT NAME	
NEW GRANT NUMBER IF APPLICABLE	
IS AUTHORIZED SIGNATURE AN OFFICEHOLDER/DEPARTMENT HEAD?	Yes No
AUTHORIZED SIGNATURE	
SECTION B (To be completed by County Auditor)	
DATE REQUEST APPROVED	
AUDITOR'S SIGNATURE	
EXPLANATION (IF APPLICABLE)	
SECTION C (To be completed by Bookkeeping)	
NUMBER ASSIGNED TO DEPT	
TYPE OF FUND/DEPARTMENT	BUDGET CASH
DATE ENTERED INTO SYSTEM	