

NEW FUND / NAME CHANGE REQUEST

SECTION A (To be completed by person requesting)		
DATE OF REQUEST		
PERSON REQUESTING		
DEPARTMENT REQUESTING		
FUND NAME		
DOES FUND RECEIVE GRANT MONIES? (check one)	Yes	No
GRANT NUMBER ASSIGNED (IF APPLICABLE)		
FOR A FUND NAME CHANGE , ENTER THE NEW FUND NAME		
IS AUTHORIZED SIGNATURE AN OFFICEHOLDER/DEPARTMENT HEAD? (check one)	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 FUND		
TYPE OF FUND (circle one)	BUDGET	CASH
IS THIS FUND TO BE INVESTED? (circle one)	YES	NO
DATE ENTERED INTO SYSTEM		