

NEW FUND or FUND NAME CHANGE REQUEST

SECTION A (To be completed by requesting Department)			
DATE OF REQUEST	▶		
PERSON REQUESTING	▶		
DEPARTMENT REQUESTING	▶		
NEW FUND NAME	▶		
IF FUND NAME IS BEING CHANGED, ENTER FUND NUMBER	▶		
GRANT MONIES RECEIVED?		Yes	No
FEDERAL GRANT NUMBER (IF ABOVE ANSWER IS YES)	▶		
CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER (CFDA)	▶		
STATE GRANT NUMBER (IF ABOVE ANSWER IS YES)	▶		
IS AUTHORIZED SIGNATURE AN OFFICEHOLDER or DEPT HEAD?		Yes	No
AUTHORIZED SIGNATURE (sign in blank box on right)	▶		
EXPLANATION(IF APPLICABLE):			
SECTION B (To be completed by County Auditor)			
DATE REQUEST APPROVED			
AUDITOR'S SIGNATURE			
SECTION C (To be completed by Bookkeeping in Auditor's Office)			
NEW FUND #:		ORG CODE:	
FUND TYPE:		TYPE OF FUND (circle one):	BUDGET CASH
SUBACCT (IF APPLICABLE):		ORG CODE:	
DATE ENTERED INTO SYSTEM:			

INSTRUCTIONS

SECTION A: TO BE COMPLETED BY REQUESTING DEPARTMENT

1. TODAY'S DATE
2. PERSON REQUESTIONG
3. DEPARTMENT REQUESTING
4. NAME OF FUND BEING REQUESTED
5. COMPLETE IF THE FUND NAME IS BEING CHANGED, ENTER NEW NAME
6. COMPLETE IF THIS FUND WILL RECEIVE GRANT MONEY
7. FILL IN THE FEDERAL GRANT NUMBER
8. FILL IN THE CFDA NUMBER
9. FILL IN THE STATE GRANT NUMBER
10. CIRCLE YES OR NO
11. FILL IN OFFICE HOLDER'S SIGNATURE
12. EXPLANATION OF FUND

SECTION B: TO BE COMPLETED BY COUNTY AUDITOR

SECTION C: TO BE COMPLETED BY BOOKKEEPING IN AUDITOR'S OFFICE