



Application to Establish or Dissolve a Fund

Agency _____ Date _____

Address _____

Official Name of Fund _____

Fund Creation Fund Dissolution Petty Cash/Change Fund Increase/Decrease

Type of Fund

Legislatively Created State Trust Fund Federal Trust Fund Locally Held Trust Fund
 Temporary Locally Held Trust Fund or Bank Deposit Petty Cash Fund Change Fund

Statute: _____

Questions Applicable to All Funds

1. Purpose of Fund: _____
2. Sources of Receipts: _____
3. Purposes of Disbursements: _____
4. Length of Time Fund Required: _____
5. Requested Effective Date: _____

Questions Applicable to Locally Held, Petty Cash and Change Funds

6. Who is Accountable for Fund: _____
7. Are Persons Handling Moneys Bonded: _____ Explain: _____

8. Location of Fund: _____
9. If Petty Cash Fund: Amount of Petty Cash Requested: _____
Social Security Number of Custodian: _____

Questions Applicable to All Fund Dissolution

10. Current Fund Balance: _____
11. Disposition of Remaining Balance: _____

Signature of Agency Head

Date

Telephone Number

FUND AUTHORIZATION

Approval Granted Approval Denied Fund Number: _____
Fund Name: _____

COMPTROLLER

DATE



