



# 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



