



Dept. Name _____
Division _____
Prepared By _____
Date _____ Phone Number _____

REQUEST FOR FUND SETUP

General Information

Fiscal Year _____	Effective From _____
Fund _____	Effective To _____
Name _____	Active <input type="checkbox"/>
Short Name _____	Budgeting <input type="checkbox"/>
Bank _____	Component Unit <input type="checkbox"/>
EFT Bank _____	Pool Fund <input type="checkbox"/>
Master Bank _____	Major Fund <input type="checkbox"/>
	General Capital Assets <input type="checkbox"/>
	Allow Negative Investment Balance <input type="checkbox"/>

Year End Options

Pre Enc Close Action _____	Recv Close Action _____
Pre Enc Roll Min _____	Recv Roll Min _____
Enc Close Action _____	Close Fund Into Account _____
Enc Roll Min _____	

Roll Ups

Fund Class _____	Fund Group _____
Fund Category _____	CAFR Fund Group _____
Fund Type _____	CAFR Fund Type _____

Description/Contact

Contact Code _____	Description <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
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