



Dept. Name \_\_\_\_\_  
Division \_\_\_\_\_  
Prepared By \_\_\_\_\_  
Date \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email completed form to: [abranch@utah.gov](mailto:abranch@utah.gov)  
If questions, please call (801) 957-7701

## REQUEST FOR REVENUE SOURCE SETUP

### General Information

Fiscal Year	Effective From _____
Revenue Source	Effective To _____
Name	Active
Short Name	Budgeting
FASB Class	FHWA Revenue Credit
Contact	Use Tax Collection
Extended Description	Transferable
	Operating
	Eligible for Intercept Process
	Federal Catalog Agency _____
	Federal Catalog Suffix _____

**Anything Below this Line is for Division of Finance Use Only**

### Roll Ups

Revenue Class	Revenue Group
Revenue Category	Major CAFR Revenue Type
Revenue Type	Minor CAFR Revenue Type
Short Description	