AUDITOR OF STATE
REQUEST FOR FUND APPROVAL

Entity: _____

Address 1: _____ City: _____ State: ____ ZIP: _____

Address 2: _____ City: _____ State: ____ ZIP: _____

County: _____

Fiscal Officer: _____

Phone Number: _____

Email Address: _____

Request Date: _____

Fund Requested: _____

Purpose of Fund:

Sources of Revenues:

Anticipated Expenditure Types:

NOTE: Please attach a copy of the resolution requesting approval to establish the fund.