

# ARIZONA

DEPARTMENT OF ADMINISTRATION  
GENERAL ACCOUNTING

## Request for Revolving Fund

Fields above the instructions section on this form must be filled out by the Agency

	New Request		Increase/(Decrease)		Custodian Change		Sub-Custodian Change		Close Out
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Agency		Date	
Requestor		EIN	

### Revolving Fund Details

Previous Revolving Fund Balance		AFIS Fund		Object or Revenue Source
Change: Increase / (Decrease)		Appropriation		7551 4821
New Revolving Fund Balance				(See Accounting Manual Topic 20, Section 11 for appropriate Object or Revenue Source.)

### Custodian and Sub-Custodian

Custodian and Sub-Custodian information completed below will be added or updated on the VCUST table/vendor file in AFIS

Custodian	(If new revolving fund, leave VCUST# and Address ID Blank)	Sub-Custodian	(Only needed if disbursements are required out of AFIS. Not needed for sub-custodians tracked internally by the agency.)
Name		Name	
Address		Address	
City, State Zip		City, State Zip	
VCUST		VCUST	
Address ID		Address ID	

### Explanation of new revolving fund or change (attach a letter if more space is needed)

**Request and Certification**

In accordance with ARS §35-193, I hereby request the establishment of, or changes to the revolving fund for the amount and accounting data specified above. This fund will be used for the purpose of making change for cash outlays, postage, supplies and other minor disbursements. This fund may consist of working cash, petty cash and/or a checking account.

I certify that the expenditures from the revolving fund will be for a valid public purpose and consistent with applicable statutes, laws, appropriations, grants and contracts. I certify that sufficient appropriation and monies are available for the expenditures, and that I am authorized to disburse these monies. I also certify that I will administer the revolving fund in accordance with policies and procedures established by the Arizona Department of Administration.

The following agency official is the designated custodian or sub-custodian of the revolving fund and is charged with handling and accounting procedures.

**Custodian**

Signature		EIN		Date	
Name		Title		Phone	

**Sub-Custodian**

Signature		EIN		Date	
Name		Title		Phone	

**Agency Head**

Signature		EIN		Date	
Name		Title		Phone	

**Instructions**

Submit the completed request to the General Accounting Office (GAO) for approval. See the State of Arizona Accounting Manual Topic 20, Section 11, Imprest Funds, Revolving Funds and Petty Cash for more information.

**GAO Agency Accounting Services**

Signature		EIN		Date	
Name		Title		Phone	

**GAO General Accounting Administrator**

Signature		EIN		Date	
Name		Title		Phone	