

STATE OF ARIZONA
DEPARTMENT OF ADMINISTRATION
GENERAL ACCOUNTING OFFICE
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

From: (Agency) _____

Date: _____

Previous Revolving Fund Balance: \$ _____

AFIS Fund # _____

Appropriation # _____

Object or Revenue Source

[] 7551 [] 4821

Change: Increase / (Decrease): \$ _____

(See Accounting Manual Topic 20,
Section 11 for appropriate Object
or Revenue Source)

New Revolving Fund Balance: \$ _____

Custodian & 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)

Name: _____

Address: _____

City, State, Zip: _____

VCUST #: _____

Address ID: _____

Sub-Custodian (Only needed if disbursements are required out of AFIS. Not needed for sub-custodians tracked internally by the agency.)

Name: _____

Address: _____

City, State, Zip: _____

VCUST #: _____

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.

Name

Signature

Date

Custodian: _____

Sub-Custodian: _____

Agency Head: _____

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 APPROVAL SIGNATURES

Agency Accounting Services - GAO

General Accounting Administrator - GAO

Signature and Date

Signature and Date