

**STATE OF ARIZONA-GENERAL ACCOUNTING OFFICE
FUND AUTHORIZATION FORM**

Fund Group (FGRP)	Fund (FUND)	Sub Fund (SFUND)
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Inactivate Fund Group: _____ Name: _____ Short Name: _____ Subject to Legislative Appropriation: _____ <input type="checkbox"/> Report Date: _____ <input type="checkbox"/> Reversion Date: _____ <input type="checkbox"/> Repeal Date: _____ Agency Administrator: _____	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Inactivate Fiscal Year: _____ Fund Group: _____ Fund: _____ Name: _____ Short Name: _____ Bank/EFT Bank/Master Bank: <u>BK01</u> Fund Control: Fund balance controls are defaulted to off unless otherwise requested. <input type="checkbox"/> Off <input type="checkbox"/> Warning <input type="checkbox"/> Overridable <input type="checkbox"/> On <input type="checkbox"/> FFP: Federal Fund Participation	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Inactivate Fiscal Year: _____ Fund: _____ Sub Fund: _____ Name: _____ Short Name: _____ Cash Control: See instructions. This is for all sub funds under a fund. <input type="checkbox"/> Off <input type="checkbox"/> On Fund Control: Default is off. <input type="checkbox"/> Off <input type="checkbox"/> Warning <input type="checkbox"/> Overridable <input type="checkbox"/> On <input type="checkbox"/> FFP: Federal Fund Participation

Explanation (Required): Need/purpose of Fund.

Laws Reference (when applicable):

Laws: _____ Legislature: _____ Session: _____ Chapter: _____ Bill: _____ Section: _____
 A.R.S. (Fund Category): _____ Effective Start Date: _____ Effective End Date: _____

Submitted by: _____ or save, email to gaofr@azdoa.gov as an attachment

GAO ONLY

GAAP Group <input type="checkbox"/> Component Unit <input type="checkbox"/> Major Fund <input type="checkbox"/> GCA Fund Close Fund: <input type="checkbox"/> Equity (3050) <input type="checkbox"/> Fund Balance (3060) Fund Class: _____ Fund Type: _____ CAFR Fund Type: _____	<input type="checkbox"/> Responsibility Center Posting <input type="checkbox"/> Allow Override of Responsibility Center Posting <input type="checkbox"/> Invest/Divest <input type="checkbox"/> Restricted Expired Warrants: <input type="checkbox"/> Revert to Fund <input type="checkbox"/> Unclaimed Property AFR Fund Type: _____ Notes: <div style="border: 1px solid black; height: 50px;"></div>	Funding Sources: <input type="checkbox"/> AZ State Government <input type="checkbox"/> Federal Government <input type="checkbox"/> Gifts & Donations <input type="checkbox"/> Grants <input type="checkbox"/> Fines <input type="checkbox"/> Fees <input type="checkbox"/> Interest Income <input type="checkbox"/> Court Collections Other Funding Source: <div style="border: 1px solid black; height: 50px;"></div>
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Budget Reviewed: _____ Date: _____
 GAAP Reviewed: _____ Date: _____
 FCAT Reviewed: _____ Date: _____

Budget Manager Approval: _____ Date: _____

State Comptroller/SW Accounting Admin Approval: _____ Date: _____

Validation Tables: FCAT VFD CBALS CBALD FBALS FBALD UCFGRP

Input by: _____ Date: _____