STATE OF NEBRASKA

FUND REQUEST

AGENCY NUMBER _____ FUND NAME _____

AGENCY NAME _____ STATUTORY AUTHORITY _____

ADD/CHANGE

1. What is the use of the fund? _____

2. Indicate Parent Fund (If applicable) _____

3. Can this fund be invested? ☐ Yes ☐ No

   If yes, please complete an INVESTMENT AUTHORIZATION Form

Fund Number

CHANGE

Reason for change _____

Effective Date _____

TERMINATE

1. Fund balance transferred to fund _____
2. Reason for termination _____
3. Document Number _____
4. Termination Date _____

AS STATE ACCOUNTING ONLY

FUND	CONTROL AG	CONTROL DIV	ADD BOOK	ORG FUND	BAL SHEET BU	ATTACH OBJECTS	CAT CODE 21	G/L CLASS	AAI'S	DEPR. CODING	RNV	PAYROLL AAI'S	COMMIT RELIEF

Description:

Comments:

AGENCY

_____ DIRECTOR _____ DATE

AS BUDGET

Comments:

_____ REVIEWED BY _____ DATE

AS STATE ACCOUNTING

___ Granted ___ Denied

_____ ACCOUNTING ADMINISTRATOR _____ DATE

AS-02-18 (01-11)