



**Department of Financial Services
Bureau of Financial Reporting
Request for Continuation of a Revolving Fund**

Agency		Authorization Number	
Authorized Amount		Revolving Fund Name	

1. Is there a continued need for this fund? YES ☐ NO ☐

1a. Is the total authorized amount of this fund still necessary? YES ☐ NO ☐

1b. For funds that can be closed or reduced, please return this completed Request for Continuation, a completed Revolving Fund Request form (contact DFS for this form), a copy of the voucher or check issued to the Original Source Fund, and a copy of the posted treasury receipt that includes the Original Source Fund FLAIR Number. All reimbursements to the Original Source Fund must be processed using revenue category 004700 and revenue object code 047000.

2. Do the current approved uses meet the specific needs for the revolving fund?
(please review the current approved uses from the current authorization) YES ☐ NO ☐

3. Is this fund maintained

A-In a local bank account outside the State Treasury?	
B-In a Consolidated Revolving Account within the State Treasury?	
C-As a Cash Only Account?	
D-In Multiple Locations?	

(check all that apply)

3a. If you checked A as your answer to question #3 above are you reporting to the treasury all revolving funds held in a local bank account per subsection 17.58(4), F.S.? YES ☐ NO ☐
(4) Each agency shall furnish a statement to the Chief Financial Officer, on or before the 20th of the month following the end of each calendar quarter, listing each clearing account and revolving fund within that agency's jurisdiction.

3b. If you checked D as your answer to question #3 above, please provide details below.
You may submit a separate list with this Request for Continuation form, if needed.
Examples: Different Field Offices; Bank Account and Cash Drawer; Sub-Accounts under the main account

Type of Location	Location Amount

4. Are the reconciliation of bank statements performed by someone other than the custodian or employee directly supervised by the custodian? N/A ☐ YES ☐ NO ☐
Pursuant to 69I-23.004(1)(b), F.A.C., each agency is required to make reconciliation of bank statements other than the custodian or employee directly supervised by the custodian.

5. Are unscheduled cash counts performed? N/A ☐ YES ☐ NO ☐

5a. If "Yes," are they performed by someone who is independent of the custodian? YES ☐ NO ☐
Pursuant to 69I-23.004(1)(c), F.A.C., each agency is required to make unscheduled cash counts by someone who is independent of the custodian within the agency.

5b. If "Yes," please provide the date of the last cash count.

6. Do the revolving fund checks require two authorized signatures? N/A ☐ YES ☐ NO ☐
Pursuant to 69I-23.004(2), F.A.C., revolving fund checks must require two authorized signatures.

7. Are checks imprinted with the statement "Void after 90 days"? N/A ☐ YES ☐ NO ☐
Pursuant to 69I-23.004(9), F.A.C., all revolving fund checks must be imprinted with the statement "Void after 90 days."

8. Please mark the types of disbursements made from this revolving fund. (please mark all that apply)

Travel for Employees <input type="checkbox"/>	Travel Advances (Employees) <input type="checkbox"/>
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Travel for Witnesses
Change Fund
Witness Fees
Wage Payments
Court Fees

Travel Advances (Witnesses)
Investigation/Evidence Gathering
Undercover Investigations
Other (Explain in Box 9)

9. Please explain any types of disbursements made from this revolving fund not referenced in question # 8.

10. If applicable, please provide reference to any specific statutory or other authority for disbursements processed through this revolving fund.
(e.g., Florida Statutes or Florida Administrative Code)

11. Does this fund process 1099 reportable payments? YES NO

- 11a. If yes, please explain the type(s) of 1099 reportable payments.

- 11b. If yes, are you complying with requirements in relation to the filing of IRS Form 1099 as discussed in Agency Addressed Memorandum (No. 51, 2013-2014)? YES NO

12. Does this fund make any disbursements to other agencies? YES NO
Pursuant to Rule 69I-23.004(4), F.A.C., revolving funds shall not be used to make disbursements to other agencies unless specifically included as an authorized use by the Department.

13. Please complete the schedule of disbursements below. (If applicable, provide copies of the last two months bank statements.)
Provide the last 12 months of data, if there is nothing to report for a specific month please include that month and leave the amount at zero.

Month/Year	No. of Disbursements each month	Amount
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
Totals	0	\$0.00

No. of Reimbursements each month	Amount
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
0	\$0.00

Please provide the name, title, and contact information for the person authorized on behalf of your agency to communicate with the Department of Financial Services regarding this fund. This would include requests from your agency to increase, decrease, or otherwise amend this fund.

Contact Name:
Title:
Phone Number:



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THE FOLLOWING CERTIFICATION MUST BE COMPLETED BY THE AGENCY'S CHIEF FINANCIAL OFFICER OR EQUIVALENT

*I hereby certify, to the best of my knowledge, that the information provided above is true and correct and that I have read and understand Revolving Funds,
Chapter 69I-23, Florida Administrative Code.*

Printed Name:

Title:

Mailing Address:

Contact Number:

Date:

Signature:

(Signature Required)