



**Department of Financial Services
Bureau of Financial Reporting
Revolving Fund Request**

Section 1: Requesting Agency Contact Information

1. Agency	
2. Contact Name and Title	
3. Bureau/Division	
4. Mailing Address	
5. Phone Number	
6. E-Mail Address	

Section 2: Complete when requesting a New Revolving Fund

1. Please provide the Original Source Fund Name.	
2. Please provide the Original Source Fund Number.	
3. Please provide a proposed Revolving Fund Name.	
4. Please provide the Vendor Identification Number that will be used for reimbursement request.	
5. Please provide the requested amount.	
6. Please provide the anticipated number of monthly disbursements.	
7. Please provide the anticipated monthly dollar amount of disbursements.	
8. If peak periods are anticipated, please indicate when these periods are expected.	
9. Please indicate below where the funds will be maintained. <i>(please mark all that apply)</i>	
A-In a local bank account outside the State Treasury?	<input type="checkbox"/>
B-In a Consolidated Revolving Account within the State Treasury? <i>(see comment)</i>	<input type="checkbox"/>
C-As a Cash Only Account?	<input type="checkbox"/>
D-In Multiple Locations?	<input type="checkbox"/>
9a. If you marked D as response to question #9 above, please list each location where the funds will be held. <i>(please use separate page if necessary)</i>	
10. For funds held in a local bank account outside the State Treasury, please provide the name and address of the financial institution(s).	
11. Is the request for this fund to meet a temporary need?	YES <input type="checkbox"/> NO <input type="checkbox"/>
12. If yes, please provide the expected end date.	
13. Please mark the types of disbursements to be made from this revolving fund. <i>(please mark all that apply)</i>	
<input type="checkbox"/> Travel for Employees	<input type="checkbox"/> Investigation/Evidence Gathering
<input type="checkbox"/> Travel for Witnesses	<input type="checkbox"/> Undercover Investigations
<input type="checkbox"/> Travel Advances for Employees	<input type="checkbox"/> Change Fund
<input type="checkbox"/> Travel Advances for Witnesses	<input type="checkbox"/> Witness Fees
<input type="checkbox"/> Wage Payments	<input type="checkbox"/> Other (Explain in Box 15)
14. Will any disbursements be 1099 reportable?	YES <input type="checkbox"/> NO <input type="checkbox"/>



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Section 2 Continued: Complete when requesting a New Revolving Fund

15. Please describe any planned disbursements processed from the revolving fund not referenced above. If applicable, please reference any specific statutory or other authority for these disbursements.

16. Please describe the need for the creation of this revolving fund, including explanation for the dollar amount requested. Also, please address why the normal disbursement process does not work for the types of identified disbursements.

17. Please provide a copy of the written procedures applicable to the use of this revolving fund.

Section 3: Complete when requesting a change to a Revolving Fund

Increase Decrease Close Change Uses Other

1. Please provide the DFS assigned Authorization Number.

2. Please provide the assigned name of the existing revolving fund.

3. Please provide the Vendor Identification Number used for reimbursement request.

4. Please provide the requested amount.

5. Please provide the anticipated number of monthly disbursements. *(increase only)*

6. Please provide the anticipated monthly dollar amount of disbursements. *(increase only)*

7. If peak periods are anticipated, please indicate when these periods are expected. *(increase only)*

8. Please indicate below where the funds are maintained. *(please mark all that apply)*

A-In a local bank account outside the State Treasury?

B-In a Consolidated Revolving Account within the State Treasury? *(see comment)*

C-As a Cash Only Account?

D-In Multiple Locations?

8a. If you marked D as response to question #8 above, please list each location where the funds will be held. *(please use separate page if necessary)*

9. For funds held in a local bank account outside the State Treasury, please provide the name and address of the financial institution(s).

10. Is the request for this change to meet a temporary need? *(please mark one)* YES NO

11. If yes, please provide the expected end date.



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Section 5: Custodian Information and Certification

1. Please provide the Custodian Name
2. Please provide the Custodian Title
3. Please provide the Custodian Phone Number
4. Please provide the Custodian E-Mail Address

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

Printed Name: _____

Signature: _____
(Signature Required)

Title: _____

Contact Number: _____ Date: _____