REV. NF1-2010

NEW FUND AND LINE-ITEMS REQUEST FORM

This form is to be completed in the case of a new fund being created. Please fill out form completely. Also note, areas in Grey are to be completed by Auditor's Office Only.

New Fund Name: _____

Receipts for this fund will be coming from: _____

_____

Receipt and Expenditure Line-Items:

Fund _____ Dept. _____

Receipts	Line-Item Issue Number
	. .
	. .
	. .
	. .
	. .
	. .
	. .
Expenditures	
	. .
	. .
	. .
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	. .
	. .
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	. .
	. .
	. .
	. .
	. .
	. .
	. .

Agency or Department

Deputy Auditor Signature

Requested By

Date

Authorized Signature

County Commissioner

Telephone

Date

Date

SUBMIT THIS FORM TO THE COUNTY AUDITOR'S OFFICE

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