

**APPLICATION TO DEACTIVATE A FUND**

Agency: \_\_\_\_\_ Business Area #: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Fund: \_\_\_\_\_

Reason for Deactivation: \_\_\_\_\_

Requested Deactivation Date: \_\_\_\_\_

Legal Authority for transfer of interest and balances, if applicable: \_\_\_\_\_

Does the fund have:

- Assets \_\_\_\_\_
- Open Receivables \_\_\_\_\_
- Open Payables \_\_\_\_\_

**Fund Number to deactivate (10 digits):** \_\_\_\_\_

**Fund Number for residual interest,  
if fund retains interest:** \_\_\_\_\_

**Cost Center for receiving fund:** \_\_\_\_\_

**Fund Number to transfer residual balances to  
(assets, liabilities, and fund balances)** \_\_\_\_\_

Contact for questions: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Agency Head

**FOR DFA USE ONLY**

Current Year Revenue/Expenditures \_\_\_\_\_ Deactivation Date \_\_\_\_\_  
If checked, hold for deactivation for next budget year.

Balances Cleared:  
10060000 Cash \_\_\_\_\_ Open Items AR & AP \_\_\_\_\_ Deactivate Fund Master \_\_\_\_\_  
Other Cash Accounts \_\_\_\_\_ Balance Sheet Accounts \_\_\_\_\_ Removed from E398 Table \_\_\_\_\_

Comments \_\_\_\_\_

DFA/OFM Signature \_\_\_\_\_ Date \_\_\_\_\_