

**COUNTY OF GEAUGA**

**REQUEST FOR FUND APPROVAL  
OR ADDITIONAL LINE ITEMS**

1. Department: \_\_\_\_\_

2. Department Head: \_\_\_\_\_

3. Telephone Number: \_\_\_\_\_

4. Date of Request: \_\_\_\_\_

5. Fund Requested: \_\_\_\_\_

6. Purpose of Fund: \_\_\_\_\_

\_\_\_\_\_

7. Sources of Revenue: \_\_\_\_\_

\_\_\_\_\_

8. Anticipated Expenditures: \_\_\_\_\_

\_\_\_\_\_

9. Additional Revenue Line item requested (INCLUDE FUND NAME ON LINE 5):

\_\_\_\_\_

10. Additional Expense Line item requested (INCLUDE FUND NAME ON LINE 5):

\_\_\_\_\_

**COMPLETE LINES 1-8 FOR A NEW FUND.**

NOTE: This form must have a copy of the resolution of fund approval attached.

**COMPLETE LINES 1-5, 9, 10 FOR NEW LINE ITEMS REQUESTED.**

**AUDITOR'S USE ONLY:**

Date Received - \_\_\_\_\_ New Fund Established - \_\_\_\_\_