



Request to Close Fund

Section I - Fund Information

Fund Number _____

Fund Title _____

Contact Person _____ Phone Number _____

Section II - Reason for Closing Fund

Please check one of the following to indicate the reason you are requesting the fund to be closed:

- Fund balance is zero, and fund is no longer being used.
- Program no longer exists or fund purpose can no longer be met. Request the remaining balance in the fund be transferred to the following fund:

Fund Number _____ Fund Name _____

- Other (please provide detailed explanation in space provided below):

Section III - Responsible Party Approval

Signature of the Responsible Party is required to close all funds. The Responsible Party's signature below indicates approval of all information on this form.

Name Signature Date

FOR FOUNDATION ACCOUNTING USE ONLY-DO NOT WRITE BELOW THIS LINE

Outstanding Pledge/Planned Gift Review _____ Date: _____

Accounting Authorization: _____ Date: _____

JE created by Acct. Staff: _____ Date: _____

FE fund closed by Acct. Staff: _____ Date: _____

CRM fund closed by Acct. Staff: _____ Date: _____