|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Request Type** | | Choose an item. | | **If Request Type is Change or Inactivate, enter existing Fund No.** | | |  |
| **Fund Data** | | | | | | | |
| Type: | | | CAPITAL | | | | |
| Budget Fiscal Year: | | |  | | | | |
| AFS Fund: | | |  | | | | |
| Agency: | | |  | | | | |
| Means of Finance: | | | Choose an item. | | | | |
| AFS Appropriation Unit: | | |  | | | | |
| Fund Name: | | |  | | | | |
| Fund Description: | | |  | | | | |
| Justification for Fund: | | |  | | | | |
| **Requested by** | | | | | | | |
| Name: |  | | | | Telephone: |  | |
| Email: |  | | | | Date: |  | |
| **Approved by** | | | | | | | |
| Name: |  | | | | Telephone: |  | |
| Email: |  | | | | Date: |  | |

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| --- | --- | --- | --- |
| Signature: |  |  |  |

*\*Signature is not required if form is emailed from the authorized approver.*

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| **Return Approved Forms To:** | | [DOA-LAGOV-ISG@la.gov](mailto:DOA-LAGOV-ISG@la.gov)  Fax: 225-219-6722 |
|  |  | |
| **Questions:** | | Call: 225-342-2677 |

**CAPITAL FUND MASTER RECORD REQUEST INSTRUCTIONS**

|  |  |
| --- | --- |
| REQUEST TYPE | **New Fund** – Select when adding a **new** Capital Outlay Fund that does not exist in SAP.  **Change Fund** – Select when changing an **existing** Capital Outlay Fund in SAP.  **Inactivate/Delete Fund –** Select when inactivating or deleting an **existing** Capital Outlay Fund inSAP. |
| IF REQUEST TYPE IS CHANGE OR INACTIVATE | Field length (10). Alpha/numeric. Enter the existing Capital Outlay Fund that needs to be changed or inactivated. |
| FUND TYPE | Defaults to CAPITAL. |
| BUDGET FISCAL YEAR | Field length (4). Numeric. Enter the budget fiscal for the Capital Outlay Fund. |
| AFS FUND | Field length (3). Alpha/numeric. Enter the AFS Fund number. |
| AGENCY | Field length (3). Numeric. Enter the AFS Agency number. |
| MEANS OF FINANCING | Select the appropriate Means of Financing.   * **1 – LINE OF CREDIT** * **2 – BOND** * **3 – GENERAL FUND** * **4 – SELF-GEN** * **5 – FEDERAL** * **6 – STAT DED** * **7 – IAT** * **8 – OTHER** |
| AFS APPROPRIATION UNIT | Field length (3). Alpha/numeric. Enter the Appropriation Unit from the APPR UNIT field on the EAP2 screen in ISIS/AFS. |
| FUND NAME | Field length (20). Alpha/numeric. Enter the Fund name using the APPR SHORT NAME field on the EAP2 screen in ISIS/AFS as a reference. |
| FUND DESCRIPTION | Field length (40). Alpha/numeric. Enter the Fund description using the APPR NAME field on the EAP2 screen in ISIS/AFS as a reference. |
| JUSTIFICATION FOR FUND | Enter a brief explanation describing your need for the requested fund, citing the legal authorization (e.g., Act(s) of the Legislature, LA Constitution, Revised Statute(s)), if applicable. |
| REQUESTED BY | Enter the name, telephone number, and email address of the person preparing this form; enter the date the form is being prepared. |
| APPROVED BY | Enter the name, telephone number, and email address of the person approving this form; enter the date the form is being approved. |
| RETURN | Return approver signed forms via email or fax to the ISG. Signature is not required if form is emailed directly from the authorized approver. |