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

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

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

|  |  |  |
| --- | --- | --- |
| **Return Approved** | | DOA-OSRAP-ORGN@la.gov |
|  |  | |
| **Questions:** | | Call: 225.342.1097 |

**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. |
| FUND | Field length (3). Alpha/numeric. Enter the Fund code. |
| AGENCY | Field length (3). Numeric. Enter the Business Area 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** |
| APPROPRIATION UNIT | Field length (3). Alpha/numeric. Enter the Appropriation Unit code. |
| FUND NAME | Field length (20). Alpha/numeric. Enter the Fund short name. |
| FUND DESCRIPTION | Field length (40). Alpha/numeric. Enter the Fund long name. |
| 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 to OSRAP. Signature is not required if form is emailed directly from the authorized approver. |