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| --- | --- | --- | --- |
| **Request Type** | Choose an item. | **If Request Type is Change or Inactivate, enter existing Fund No.** |       |
| **Fund Data** |
| Type: | OPERATING |
| 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: |       |

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| --- | --- | --- | --- |
| 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 |

**OPERATING FUND MASTER RECORD REQUEST INSTRUCTIONS**

|  |  |
| --- | --- |
| REQUEST TYPE | **New Fund** – Select when adding a **new** Operating Fund that does not exist in SAP.**Change Fund** – Select when changing an **existing** Operating Fund in SAP.**Inactivate/Delete Fund –** Select when inactivating or deleting an **existing** Operating Fund inSAP. |
| IF REQUEST TYPE IS CHANGE OR INACTIVATE | Field length (10). Alpha/numeric. Enter the existing Operating Fund that needs to be changed or inactivated. |
| FUND TYPE | Defaults to OPERATING. |
| BUDGET FISCAL YEAR | Field length (4). Numeric. Enter the budget fiscal for the Operating Fund. |
| FUND | Field length (3). Alpha/numeric. Enter the Fund code. |
| AGENCY | Field length (3). Alpha/numeric. Enter the Business Area number. |
| MEANS OF FINANCING | Select the appropriate Means of Financing.* **GENERAL FUND**
* **SELF-GEN**
* **IAT**
* **FEDERAL**
* **ESCROW**
* **STAT DED**
 |
| 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. |