County of Sonoma Auditor-Controller-Treasurer-Tax Collector's Office Chartfield Request Form for Closure of Funds and Department IDs			
Request for Closure	Fund	Department ID	
Information for		Fund Request	Department Request
Requested Closure:			
Interest Redirected to (funds o	nly):		
Purpose of closure:			
Requested By:			Date:
Authorized By:			Date:
Submit completed form to ACTTC-Budget@sonoma-county.org			
ACTTC Office Use Only			
Fund Closure Check list			
	Interest Redirected		
	Cash balance cleared		
Bala	ince sheet accounts cleared Coordinate with ISD		
	Fund closed in EFS		
	Department closed in EFS		
Approved by: ACTTC Reporting Approval			Date:
Approved by: Financial Reporting Team Approval			Date: