

REQUEST FOR REPEAL OF FUNDS

DEPARTMENT _____ DATE: _____

NOTE: DEADLINE FOR FILING IS THE 15TH

FUND NAME <small>Gen, CCD, LR&S, etc</small>	DEPT #	LINE ITEM #	LINE ITEM DESCRIPTION	AMOUNT REQUESTED

EXPLANATION FOR REQUEST:

BALANCE OF ACCOUNTS:

LINE ITEM NUMBER	AMT BUDGETED	DISBURSEMENTS	BALANCE	BALANCE AFTER REPEAL
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0

DEPARTMENT HEAD _____