

REQUEST TO STATE CONTROLLER TO ESTABLISH OR AMEND SPECIAL DEPOSIT FUND ACCOUNT FORM

SUBMIT ORIGINAL TO DEPARTMENT OF FINANCE. UPON APPROVAL, DEPARTMENT OF FINANCE WILL FORWARD ORIGINAL TO STATE CONTROLLER'S OFFICE FOR PROCESSING. WHEN ACCOUNT HAS BEEN ESTABLISHED, AN ACKNOWLEDGED COPY WILL BE RETURNED TO THE AGENCY, AFTER WHICH CLAIMS MAY BE SUBMITTED.

UNLESS EXCEPTED BY LAW, OBLIGATIONS FROM THIS ACCOUNT ARE SUBJECT TO GENERAL STATE LAWS GOVERNING THE OBLIGATION OF STATE FUNDS (SEE 1 OPS, CAL. ATTY. GEN. 90). THIS INCLUDES CONTRACT, PURCHASE AND CIVIL SERVICE REQUIREMENTS, BOARD OF CONTROL RULES, APPROVALS BY DEPARTMENT OF GENERAL SERVICES AND ATTORNEY GENERAL, ETC.

CLAIM SCHEDULE WILL SHOW APPROPRIATION AS GOVERNMENT CODE (GC) SECTION 16370 AND THE ACCOUNT TITLE.

UNDER THE PROVISIONS OF GC SECTION 16370 AND STATE ADMINISTRATIVE MANUAL SECTION 18420 PLEASE ESTABLISH OR AMEND THE FOLLOWING SPECIAL DEPOSIT FUND ACCOUNT.											
1. Proposed Account Title:											
2. Source of Monies:											
3. Purpose of Account:											
4. Date of Trust Instrument:		5. Department of Finance Approval:									
		By:	Date:								
6. Disposition of Residue:		7. Statute Reference, If Any:	8. Account Investing In SMIF: Yes <input type="checkbox"/> No <input type="checkbox"/>								
9. Expenditures Authorized:											
10. Period of Availability:											
11. DEPARTMENT INFORMATION											
Department:		Organization Code:									
Contact Person:		Title:									
Signed:		Date:									
12. STATE CONTROLLER USE ONLY											
Remarks:											
Account Established:											
Date _____											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">FUND</th> <th style="padding: 5px;">AGENCY</th> <th style="padding: 5px;">FY</th> <th style="padding: 5px;">REF/ITEM</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	FUND	AGENCY	FY	REF/ITEM					<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> BUREAU CHIEF STATE ACCOUNTING AND REPORTING DIVISION		
FUND	AGENCY	FY	REF/ITEM								

INSTRUCTIONS FOR COMPLETING AUD 10 SPECIAL DEPOSIT FUND ACCOUNT FORM

GENERAL INSTRUCTIONS: ACCORDING TO GOVERNMENT CODE SECTION 16370, THE SPECIAL DEPOSIT FUND (SDF) CONSISTS OF MONEY WHICH IS PAID INTO IT IN TRUST PURSUANT TO LAW. THE FUND IS APPROPRIATED TO FULFILL THE PURPOSES FOR WHICH PAYMENTS INTO IT ARE MADE.

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| [1] | Proposed Account Title | Include the title of the fund based on the legislation which created it. |
| [2] | Source of Monies | Include all revenue sources for this fund. For example: Donations, gifts, endowments, etc. |
| [3] | Purpose of Account | Include what the funds received will be used for. |
| [4] | Date of Trust Instrument | This represents the date that established the SDF. It could also be the date of a court order or the date of special legislation which mandates the SDF account. |
| [5] | Department of Finance (DOF) Approval | Reserved for DOF representative's signature. |
| [6] | Disposition of Residue | Instructions on where the remaining balance of funds will be transferred when the fund is closed. |
| [7] | Statute Reference | Provide the chapter and statute which enacted the SDF. |
| [8] | Account Investing in Surplus Money Investment Fund (SMIF) | Choose either "Yes" or "No". If "Yes," provide the approval from the Pooled Money Investment Board (PMIB). |
| [9] | Expenditures Authorized | The agency must list the nature of the expenditures to be paid from the account; the expenditures listed must be specific. |
| [10] | Period of Availability | Include the beginning and ending dates. Must be a period when the funds will be used to meet the fund's purposes.

Do not use for on-going programs. These on-going programs should be included in the Agency's budget in an existing or newly created fund, not in the SDF. |
| [11] | Department Information | Complete the department name, organization code, contact person, and title.

Sign and date the form. |
| [12] | State Controller Use Only | Do not fill out boxes below this line. SCO will complete the account codes and sign the form upon establishment of the SDF. |