



**Department of Finance & Administration
Office of Accounting**

CREATE FUNDS CENTER - FORM FI0013

Date: _____

Business Area: _____

From Fiscal Year: _____

To Fiscal Year: _____

Funds Center: (DFA Assigned) _____

BASIC DATA

Funds Center Name: _____

User Name: _____

Description (Establishing Acts): _____

Name (Agency Contact): _____

Superior Funds Center (DFA Assigned): _____

Title: _____

ADDRESS

Agency Name: _____

Street: _____

City: _____ District (County): _____

Zip Code: _____ State (Region): _____

P.O. Box: _____ P.O. Zip Code: _____

COMMUNICATION

Telephone: _____ Ext: _____

Fax: _____ Ext: _____

Telex (Email): _____ Teletex (Messenger Service)? Y N

DFA Approval: _____	Title: _____	Date: _____
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Remit Form to:

Office of Accounting, P. O. Box 3278, 1509 W 7th, Room 403, Little Rock, AR 72203

E-Mail: AASIS-ACCOUNTING@DFA.STATE.AR.US Fax: (501) 682-1086 Telephone: (501) 682-1675