Trust Fund Close Out Request Form

I certify that all postings for the referenced Trust Fund (TF) account have been reflected in the accounting system and account statements, the activities have concluded, and the cooperator agrees with this request for closure.

Cooperator's Name: _____

FMMI WBS Element: _____

Period of Operation: _____

Current Account Balance: _____

If the cooperator has a positive balance, please select from the following options:

_____   Refund balance to cooperator

_____   Transfer balance to another of the Cooperator's open TF accounts, as referenced below

FMMI WBS Element: _____

Requestor's Name: _____

Requestor's Signature: _____

Date Signed: _____

Send scanned form to: MPLS.TF.TEAM@APHIS.USDA.GOV