

Minnesota Accounting and Procurement System

School District Credit Enhancement Default Payments

Amount of request: _____

School district name/number: _____

MAPS Approp information:

FY	
FUND	100
AGCY	E37
ORGN	
UNIT	
TYPE	06
SSEQ	

Vendor information:

Name _____ Bank account number _____

Address _____ Bank association number _____

City _____ Federal tax ID _____

State/Zip code _____ State tax ID _____

Explanation: _____

Send completed form to:

Department of Finance
Agency Assistance Unit - Appropriation Coordinator
FAX: (651) 296-8685

Signature: _____ Date: _____

Authorized signature
Department of Children, Families, and Learning

Signature: _____ Date: _____

Signature - Agency Assistance Unit
Department of Finance