

IMPREST FUND RECEIPT

- 1. **PETTY CASH FUND.** This fund will be used only for the purpose of petty cash, conforming to Business Procedure No. 27. It must be reimbursed frequently, and at the end of the fiscal year. Petty cash reimbursements should be directed to Accounts Payable, mail station AD34. All reimbursement vouchers must be marked "Reimburse Petty Cash" and have original receipts attached. When the petty cash fund has become inactive, the account should be closed and any remaining cash should be deposited through the Bursar's Office.

 - 2. **CASHIER/CHANGE FUND.** This fund will be used only for cashier function and will be closed out and balanced at the end of each day. No IOUs or petty cash reimbursements. Restrictive endorsements must be placed on back of all checks.
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NAME OF FUND: _____ AMOUNT: \$ _____

DEPARTMENT/OFFICE LOCATION: _____ ACCOUNT#: _____

LENGTH OF TIME FUND WILL BE NEEDED: _____

FUND DETAILS: Please describe how the Petty Cash fund will be used, amount of disbursements, types or purpose of transactions, and any additional information to support the request. Requests to pay participants in research projects should include the number of participants, the amount to be paid per participant, and how often the account will be reimbursed. *Disbursements shall not exceed \$50 per transaction/receipt without approval from the Office of Finance (please see below).**

(Please include attachment if additional space is needed.)

* *Request approval for disbursements in the amount of \$ _____ per transaction for this fund.*

APPROVAL – BY OFFICE OF FINANCE: _____

ACKNOWLEDGEMENT:

I hereby acknowledge receipt of the Petty Cash/Change fund to be used as indicated above. This amount will be retained in a locked cash bag or cash box, and kept in a secure location. The funds **will not** be taken off campus and will be subject to audit at any time without prior notice. If I leave for any reason, the funds will be returned to the Office of Finance intact, or with prior approval, transferred to another party with a new receipt/agreement.

DATE: _____

CUSTODIAN (*Required*) - Printed Name & Phone#: _____

SIGNATURE: _____

ALTERNATE CUSTODIAN (*Required*) - Printed Name & Phone#: _____

SIGNATURE: _____

ALTERNATE CUSTODIAN (Optional) - Printed Name & Phone#: _____

SIGNATURE: _____

PLEASE RETURN ORIGINAL TO: TREASURY & STATE ACCOUNTING MANAGER – AD37

Enclosures: Business Procedure No. 27 & Business Procedure No. 26

Revised 01/2010