

REQUEST TO CHANGE CUSTODIANSHIP OF IMPREST CASH FUND

New Custodian _____ Social Security # _____

Previous Custodian _____ Department # _____

Department Name _____

Department Address _____

_____ Speed Sort _____

DAV or Document # _____ Amount of Fund _____

Date Established _____ Type of Fund _____

FRS Reimbursement Account # _____

An imprest cash fund reconciliation performed as of this date has been attached to this form.

I acknowledge that I have been informed of the responsibilities involved in controlling an imprest cash fund. I have read Business Procedures Manual Sections E-2-5 and E-2-7 and agree to carry out the duties of the custodian as directed in the manual.

I acknowledge that I am personally liable for these funds and promise to pay upon demand to the University of Kentucky Treasury Services Department the amount listed above.

Approvals:

Signature of Custodian

Department Head

Date

Director of Purchasing (When necessary)

Office of Controller and Treasurer