

**REQUEST TO ESTABLISH OR INCREASE IMPREST CASH FUND**  
**(Must be accompanied by DAV)**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Department # \_\_\_\_\_ Address \_\_\_\_\_  
Department \_\_\_\_\_  
FRS reimbursement account # \_\_\_\_\_

I would like to request a no-fee checking account with the University's depository bank for the requested imprest funds

**AMOUNT REQUESTED:** \_\_\_\_\_

**TYPE OF FUND REQUESTED:** (A separate form and DAV must be filled out for each type of fund requested.)

CHANGE FUNDS Avg. daily sales \_\_\_\_\_  
Type of activity supported \_\_\_\_\_

SMALL PURCHASES OR EXPENDITURES Avg. monthly expenditures \_\_\_\_\_  
(Not to exceed 45 calendar days expenditures; must be reimbursed at least monthly.)  
Types of purchases \_\_\_\_\_

OVERSEAS EXPENDITURES (Not including travel expenses.)  
Depart Date \_\_\_\_\_ Return Date \_\_\_\_\_  
Will foreign checking account be used? Yes No

PAYMENTS TO RESEARCH SUBJECTS Avg. monthly expenditure \_\_\_\_\_  
(Not to exceed 45 calendar days expenditures; must be reimbursed at least monthly.)  
Estimated no. of pmts/mo. \_\_\_\_\_ Avg. pmt. amount \_\_\_\_\_ Max. \$ amt participant paid in calendar year \_\_\_\_\_

**DURATION OF ADVANCE:** Permanent Temporary  
Date you will repay \_\_\_\_\_

**JUSTIFICATION OF REQUEST:**

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 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