Before printing form, fields outlined in red are required

REQUEST FOR EXTENSION OF IMPREST FUND

Send form by email or fax to
Treasury Services, 356 Peterson Service Bldg, Lexington, KY 40506-0005
Call (859) 257-1983 for email contact person or questions
Fax# (859) 323-9911

Reset Form

CONTACT INFORMATION

Custodian
Person ID
Address1
Address2
City, ST, ZIP
Phone
Support Staff
Phone
Support Staff
Phone

ACCOUNT INFORMATION

Voucher1 Issue Date Amt
Voucher2 Issue Date Amt
Voucher3 Issue Date Amt
Custodian Vendor Number--> **Total** $ 0.00

Type of Account (choose one):
- (•) Change Fund
- ( ) Small Purchases
- ( ) Overseas Expenditures
- ( ) Payments to Research Subjects

Previous reimbursement acct #'s

New reimbursement acct #

<--Last four digits of bank account #. Otherwise type **NA**

REPAYMENT DATE

Current Repayment Date
New Repayment Date Requested

JUSTIFICATION

(If needed, attach additional documentation to support justification)

The question below is for All fund types.

* Briefly explain the need for extended repayment date.

Small Purchases/Expenditures and Payments to Research Subjects funds ONLY

1. What are the estimated monthly expenses? (Use highest months to ensure sufficient cash flow) ------>
2. Briefly explain how the monthly expense was calculated (e.g. 25 payments/month @$20 = $500).
3. Based on the above estimated monthly expenses, 45 days of expenses is calculated to be ----------> $ 0.00
4. The calculated difference is-> $ 0.00 (Positive amt/overage. Negative amt/fund possibly needs increasing)
5. If the calculated difference is a positive number, enter date overage will be returned to Treasury Services? -->
   (Approval of extension is contingent on overage being returned)

   If calculated difference is a negative number, review the requirements of this fund for possible increase to fund. If outcome doesn't seem correct, review and adjust estimated monthly expenses to produce desired

SIGNATURES (Digital signatures allowed)

Custodian Signature Date (Type) Depart. Head/Title (Signature) Date

APPROVAL (Treasury Services only)

_____ Approved-New Repayment Date Reviewed by: Date:

_____ Not Approved (Comments):

Treasury Services (Print Name) Signature Date

_____ Custodian Informed of Decision (attatch email) _____ Access Updated