

**IMPREST CASH FORMS - REQUEST FOR IMPREST BANK ACCOUNT**

*(Attach this form to the PRD requesting the imprest account)*

Date: \_\_\_\_\_

TO: Treasury Services University Of Kentucky  
356 Peterson Services Bldg.  
Lexington, KY 40506-0005

FROM: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(Custodian)

I would like to establish a bank account linked to a University Of Kentucky imprest account in my name.  
Purpose of account (attach additional pages if needed)

If research, name of research study: \_\_\_\_\_

Reimbursement account number: \_\_\_\_\_ Amount of initial deposit: \_\_\_\_\_  
*(Dept. Cost Center or Grant Number)*

**The following information will be used to create the official name/title of this bank account. Bank correspondence (including bank statements) will be mailed to this address. (Each field limited to 30 characters per bank requirement)**

*Custodian Name:*

*Title of Account:*

*(Use either study name, type of account, or department reference)*

*Mandatory Name: University of Kentucky*

*Address1:*

*Address2:*

*City, State Zip+4:*

**List Names and Titles of signers required for this account (attach additional page if needed).**

<u>Name</u>	<u>Title</u>	<u>Name</u>	<u>Title</u>
	Custodian		

**Is a business (debit) card required?** Yes    No    **(If Yes, provide justification for business card below)**

I have read Business Procedures Manual E-2-1, section V, and agree to manage the imprest bank account in accordance with the University of Kentucky's policies.

Custodian Signature / Date

Business Officer Name (Type)

Business Officer Signature / Date

-----**Treasury Services Only**-----

Treasury Services' Name (print)

Treasury Services' Signature / Date

Last 4 digits of bank account number

Imprest account number linked to this bank account