

Before printing form, fields outlined in red are required.

# REQUEST TO CHANGE CUSTODIANSHIP OF IMPREST CASH FUND

Treasury Services, 356 Peterson Service Bldg, Lexington, KY 40506-0005

Fax this form and copy of current imprest fund reconciliation to Fax# (859) 323-9911

For questions call (859) 257-1983

New Custodian	_____	UK Person ID#	_____	Phone	_____
Previous Custodian	_____	UK Person ID#	_____	Phone	_____
Support Staff	_____			Phone	_____
Dept #	_____				
Dept Name	_____				
Dept Address1	_____				
Dept Address2	_____				
City/State/ZIP-Sort	_____				

## TYPE OF FUND (DROP DOWN MENU BELOW)

(Enter separately below each PRD, DAV or other VOUCHER, that makes up this fund.)

1st PRD, DAV,etc	_____	Date Issued	_____	Amount	_____
2nd PRD, DAV,etc	_____	Date Issued	_____	Amount	_____
3rd PRD, DAV,etc	_____	Date Issued	_____	Amount	_____
				TOTAL	_____

Reimbursement Account # \_\_\_\_\_

YES NO A current reconciliation of this imprest cash fund is attached.

I acknowledge that I have been informed of the responsibilities involved in managing an imprest cash fund. I have read Business Procedures Manual Section E-2-1 and agree to carry out the duties of custodian as directed in the manual.

I further acknowledge that I am personally liable for these funds and promise to repay upon demand to the University of Kentucky Treasury Services Department.

_____ New Custodian	_____ (Type/Print Name)	_____ Signature	_____ Date
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\*\*\*\*\* APPROVALS \*\*\*\*\*

_____ Department Head	_____ (Type/Print Name)	_____ Signature	_____ Date
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_____ Director of Purchasing (When necessary)	_____ (Print Name)	_____ Signature	_____ Date
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_____ Office of Controller and Treasurer	_____ (Print Name)	_____ Signature	_____ Date
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