

Before printing form, fields outlined in red are required.

REQUEST FOR IMPREST ACCOUNT OR TRAVEL ADVANCE

This form and supporting documentation must be attached to a PRD. A CUSTODIAN vendor number must be used in the PRD. For vendor number questions, contact PURCHASING at (859) 257-5402

All other questions, contact Treasury Services at (859) 257-1983.

Custodian Name, Address1, Address2, City, State, Zip + Sort, Phone, UK Person ID#, Dept #, Dept Name, SAP reimbursement account #, Support Staff-Name, Support Staff-Phone

AMOUNT THIS REQUEST->

(If increase to an existing account, list vouchers and amounts below)

Table with 3 columns: PRD, DAV, etc., Date issued, Amount

TOTAL

Bank account needed? Yes No Use existing bank account number (last 4 digits only)

(If Yes, attach the "Imprest Cash Forms - Request for Imprest Bank Account" form to the PRD)

TYPE OF FUND (Choose one & answer the questions for that type). A separate form & PRD required for each type of fund requested.

CHANGE FUND (Average daily sales) Activity Supported

SMALL PURCHASES OR EXPENDITURES (Maximum issued is 45 days of estimated expenditures. Reimburse monthly at minimum).

Ave. Monthly Expenditures Types of Expenditures

*OVERSEAS EXPENDITURES AND/OR TRAVEL ADVANCE Depart Date Return Date

* AN OVERSEAS/TRAVEL ADVANCE BUDGET FORM must be attached to PRD. Account is reconciled and repaid at end of project/trip.

PAYMENTS TO RESEARCH SUBJECTS (Maximum issued is 45 days of estimated expenditures. Reimburse monthly at minimum.)

Estimated no. of pymts/mo X Ave. Pymt Amt = ((Total estimated pymts/mo)

Type of payment? Cash/Check Gift Card Since you are using gift cards as payments, a DECLINING BALANCE PROCUREMENT CARD (handled by Accounts Payable) may be a better option for your research. Review Business Procedures Manual E-7-16 before completing this application. After review, attach explanation why DECLINING BALANCE PROCUREMENT CARD does not work for this project and you need an imprest account.

DURATION OF ADVANCE Permanent Temporary (date you will repay)

JUSTIFICATION OF REQUEST (Required). Describe why this advance is needed (be specific). If needed, attach additional pages.

Start Date End Date (Research only) IRB# (attach copy to PRD)

I acknowledge that I have been informed of the responsibilities in managing an imprest cash fund and/or travel advance. I have read the applicable sections of the Business Procedures Manual (BPM); E-2-1, E-5-1 and E-5-2. I agree to carry out the duties of custodian as directed by the BPM. I further acknowledge that I am personally liable for these funds and promise to pay upon demand to the University of Kentucky the funds described in this request.

Custodian/Traveler Signature Date

***** APPROVALS *****

Department Head / Title (type/print) Signature Date

Director of Purchasing, if applicable (type/print) Signature Date

Office of Controller and Treasurer (type/print) Signature Date