IMPREST PETTY CASH AND CHANGE FUND AGREEMENT
Change of Custodian

Date _____________

I, ____________________, accept responsibility for this _______________ (p/chg) fund from
____________________ and acknowledge receipt of $____________________, which is to be utilized in
the _________________ Department. I am fully aware that the control, accountability, and
maintenance of this fund is my responsibility and that I may be called upon at any time to explain or
account for imbalances to this fund. I hereby authorize The University of Alabama at Birmingham to take
steps to recover shortages to this fund through payroll deductions or other means.

I understand that, if due to a transfer, promotion, or termination, I am required to relinquish
responsibility of this fund; I will identify the new fund custodian in writing to the Director of General or
Grants and Contracts Accounting. I recognize that my failure to comply with the provisions of this
agreement may result in termination of the fund.

I understand that, a checking account cannot be opened with UAB’s name in the account title or
with UAB’s tax identification number for deposit of these funds. Any bank fees incurred on this fund are
not reimbursable by the University.

I understand that, it is my responsibility as fund custodian to reconcile the imprest fund quarterly,
returning the reconciliation to General or Grants and Contracts Accounting.

I understand that, it is my responsibility to familiarize myself with the imprest cash fund
procedures. These procedures are presented as a link on the General and Grants and Contracts Accounting
web page. (If you do not have access to the internet, a copy will be provided upon your request.)

Witness ____________________________________

Old Fund Custodian __________________________ UAB Employee I.D. # ______________
New Fund Custodian __________________________ UAB Employee I.D. # ______________