

IMPREST CASH FUND REQUEST

Date _____

Type of fund requested (check one): Petty Cash Change Fund

Select one of the below (amount should be determined by the anticipated payout of the fund over a two week period.) :

Initial request. \$ _____

Increase existing fund.

Decrease existing fund.

Calculation of new imprest amount:

Current amount: \$ _____

Increase requested: \$ _____

Decrease (returned): \$ _____

New total amount: \$ _____

Oracle account: _____

Director Approval (Please initial): _____

Describe the specific purpose of the fund:

The fund will be (check one): deposited maintained in a secure location on site.

Requestor Name: _____

Department: _____ Ext. _____

Fund Custodian Name: _____ Employee I.D. # _____

Department: _____ Ext. _____

Campus Address: _____ Email Address: _____

UAB Employee? Yes No

Does the fund custodian have any other open petty cash funds? Yes No

If yes, please list below:

Fund Custodian Signature: _____ Date: _____

School Fiscal Officer Signature: _____ Date: _____

Central Accountant Signature: _____ Date: _____