# 11-07 APPENDIX A (OF 211)

# REQUEST FOR CHANGE OR ESTABLISHMENT OF IMPREST FUND

**NOAA**

**SECTION I - IDENTIFICATION OF DISBURSING OFFICER AND CASHIER**

NAME AND LOCATION OF DISBURSING OFFICER:

NAME OF CASHIER:

AGENCY: DOC/NOAA LINE OFFICE:

ADDRESS: IMPREST FUND LOCATION:

PHONE NO:

**EFFECTIVE DATE**

Designation

**SECTION II - ACTION REQUESTED**

Increase Advance Liquidation

Change to Alternate Change to Principal

Other (Explain)

Revocation Class Change

Decrease Advance

**SECTION III - DESIGNATION INFORMATION**

Address Change

Class and Type of Cashier (*If Alternate -- show name of Principal)*

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| **SECTION IV - INCREASE OR NEW ADVANCE** | **SECTION V - DECREASE OR LIQUIDATION OF FUNDS** |
| Current Balance . . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_ Increase or New Advance Requested. . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total. . . . . . . . . . . . . . . . . . . . . . .\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number and Denomination of Checks Requested:Fund Transferred from: | Current Balance . . . . . . . . . . . . . . . Apply the following: Reimbursement Voucher Nos:Uncashed Treasury Check Nos: Deposit Ticket Nos:Net Balance for Which Cashier isAccountable . . . . . . . . . . . . . . . . . . .  |
| Date | Signature (Head of Agency or Designee) | TitleDirector, Finance Office/Comptroller |

**SECTION VI - DESIGNATION (to be completed by Disbursing Officer)**

**In accordance with the provisions of paragraph 2 of section 4 of Executive Order 6166 of June 10, 1933, as amended, the function of disbursing in connection with the operations of the agency named is hereby delegated to the above-named employee effective on the date indicated below. Class D Cashiers may use their funds for change making only. Class A and B cashiers may make payments in cash in accordance with the Treasury Fiscal Requirements Manual (I TFRM 4-3000), and such other payments as may be listed on the attached schedule.**

(Effective Date of Designation) (Disbursing Officer or Designee)

(Date - month, day, and year)

**SECTION VII - CHECK ISSUANCE AUTHORIZATION (to be completed by Disbursing Officer)**

DRAW CHECKS AS INDICATED ABOVE DATE CHECKS

(Disbursing Officer or Designee)

CHECK NOS. TO

(Date - month, day, and year)