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:

SECTION II - ACTION REQUESTED

EFFECTIVE DATE

Designation ☐	Change to Alternate ☐	Increase Advance ☐	Liquidation ☐
Revocation ☐	Change to Principal ☐	Decrease Advance ☐	Address Change ☐
Class Change ☐	Other (Explain) ☐		

SECTION III - DESIGNATION INFORMATION

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

SECTION IV - INCREASE OR NEW ADVANCE	SECTION V - DECREASE OR LIQUIDATION OF FUNDS
Current Balance . . . . _____	Current Balance . . . . _____
Increase or New Advance Requested. . . . . . _____	Apply the following: Reimbursement Voucher Nos:
Total. . . . . ._____ Number and Denomination of Checks Requested:	_____
	Uncashed Treasury Check Nos:
	Deposit Ticket Nos: _____
Fund Transferred from:	Net Balance for Which Cashier is _____ Accountable . . . .
	_____

Date	Signature (Head of Agency or Designee)	Title Director, 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)