

11-08 APPENDIX B

REQUEST FOR CHANGE OF IMPREST FUND

SECTION I - IDENTIFICATION OF DISBURSING OFFICER AND CASHIER

NAME AND LOCATION OF DISBURSING OFFICE:

NAME OF CASHIER:

LINE OFFICE:

ADDRESS:

FUND NUMBER:

FUND LOCATION:

SECTION II – ACTION REQUESTED

TO BE COMPLETED BY THE SERVICING OPERATIONS BRANCH:

1. When was the last imprest fund audit performed?

2. Were there any problems encountered? If yes, explain below.

3. How often are reimbursement vouchers submitted?

4. Has the fund been increased before? When and why was it increased?

5. Is the current increase request appropriate to the needs of the fund?

DATE

SIGNATURE

TITLE

APPROVED: _____

DISAPPROVED: _____

DATE

SIGNATURE

Director, Finance Office/Comptroller