

University of Arkansas
Cash Management Office
205 Administration Building
479-575-7546 | Fax: 479-575-8660

Imprest Fund Change of Custodian Form

University policy requires that the custodian of an imprest fund who is responsible for the safekeeping and disbursement of the fund's cash must be appointed by the department head. The policy also requires that any change in the custody of an existing fund must be documented in writing and the amount of the fund transfer verified. Completion and return of this form to the Cash Management will satisfy these requirements.

FUND NAME _____

PRESENT CUSTODIAN

I currently have funds and related documentation totaling \$_____ associated with imprest fund cost center # _____. If my fund utilizes a bank account, a reconciliation as of this date is attached.

Name (Printed) _____ Phone _____

Signature _____ Date _____

NEW CUSTODIAN

I agree that I received funds and related documentation totaling \$_____ associated with imprest fund cost center # _____. I have read and agree to follow the procedures concerning my responsibilities for safeguarding and disbursing cash from this imprest fund.

Name (Printed) _____ Phone _____

Signature _____ Date _____

DEPARTMENT HEAD

I confirm my approval of the fund custodian change and that the total of the cash and receipts equals the specified amount of the imprest fund. I also confirm that the new custodian is aware of the specific responsibilities related to the custody of the imprest fund.

Name (Printed) _____ Phone _____

Signature _____ Date _____

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Fund Custodian Information Form

PLEASE PRINT CLEARLY.

Fund Name _____
(Name selected when this fund was set up)

Amount of Fund _____

Physical Location of Fund Money _____
(If not in bank account)

Custodian Name _____

Custodian Address _____

Custodian Phone Number _____

Custodian E-Mail _____

Contact Name _____
Optional. (Person other than custodian who may be contacted about fund.)

Contact Phone Number _____

Contact E-mail _____