

FUND NAME \_\_\_\_\_

### REQUEST FOR IMPREST FUND

\_\_\_\_\_ Petty Cash Expenditure Fund

\_\_\_\_\_ Athletic Revolving Fund

\_\_\_\_\_ Change Fund

\_\_\_\_\_ Travel Advance Revolving Fund

To: Director  
Department of Finance and Administration  
Office of Accounting  
P. O. Box 3278  
Little Rock, Arkansas 72203

AGENCY CODE \_\_\_\_\_

From:

**Type of Request:**

\_\_\_\_\_ Initial Request

\_\_\_\_\_ Increase Fund

\_\_\_\_\_ Decrease Fund

**Source of Funding:**

\_\_\_\_\_ Treasury Funds      Appropriation \_\_\_\_\_ Character \_\_\_\_\_

\_\_\_\_\_ Federal Funds      Appropriation \_\_\_\_\_ Character \_\_\_\_\_

\_\_\_\_\_ Bank Funds      Appropriation \_\_\_\_\_ Character \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

**Justification:** (Attach additional pages if needed)

\_\_\_\_\_  
Custodian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head of Custodian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Affairs

\_\_\_\_\_  
Date

**Approved** \_\_\_\_\_

Director of Dept of Finance & Administration

\_\_\_\_\_  
Date

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

**Fund Custodian Information Form**

**PLEASE PRINT CLEARLY.**

Fund Name \_\_\_\_\_

(Select a name you would like to call this fund.)

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 \_\_\_\_\_