

FUND NUMBER

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FINANCE
PROCUREMENT SERVICES
UNIVERSITY OF MICHIGAN

7071 Wolverine Tower, 3003 S. State Street, Ann Arbor, MI 48109-1282

VOUCHER NUMBER

[]

IMPREST CASH FUND REQUEST / CHANGE AGREEMENT

(Please Type or Print in Black Ink)

Custodian: _____
Last First MI

Custodian's Home Address _____

Employee ID: _____ Vendor ID: _____

E-mail: _____ Office Telephone: _____

Department: _____ Room, Building, Zip: _____

REQUEST:

New Fund Amount Requested: \$ _____

Change in Balance Current Fund Balance: \$ _____

Increase Balance By: \$ _____

Decrease Balance By: \$ _____

New Fund Balance: \$ _____

Roll Over Upon Expiration Requested Expiration Date: _____

Change Custodian Complete Above Custodian Information

Change Chartfield Complete Chartfield Information Below

Change Approver Complete Approver Information Below

Close Fund Attach copy of Cash Receipt Ticket
Or Provide Voucher Number _____

SHORTCODE OR DEFAULT CHARTFIELD COMBINATION TO CHARGE IMPREST FUND (Funds 20000 and 25000 may not be used)

ShortCode (6)	Fund (5)	Dept ID (6)	Program (5)	Class (5)	Project/Grant

Purpose of Fund: _____

Location of Imprest Fund if different from Custodian's address:

Department _____ Room / Building / Zip _____

- \$500-\$5,000 requires Dean or Director approval.
- \$5,000-\$50,000 requires approval from Director of Procurement.
- \$50,000 or greater requires approval by the EVP/CFO, the Provost, or the CFO of the Health System.
- For questions regarding Imprest Cash Fund, call (734) 764-8212, Option 2 or email travelexpense@umich.edu

CERTIFICATION

As custodian, I certify that I have reviewed and will abide by Standard Practice Guide 507.02, as amended, as it pertains to imprest cash and that I will properly account for these funds by repaying the balance in full or rolling over the balance by executing a new Imprest Cash Request / Change Agreement form on or before the accounting due date. If the balance is rolled over, I further certify that the purpose for which the imprest cash fund was established is still valid.

Custodian's Signature Date

I authorize the establishment of this Imprest Cash Fund for the amount and purposes stated above. I will insure compliance with the requirements of SPG 507.02 and I agree to be administratively responsible for obtaining timely repayment and / or accounting of these funds. The department default chartfields specified above will be charged to the extent that these imprest cash funds are not properly accounted for by the accounting due date which is 30 days past the expiration date.

Approved by: _____ Title: _____
(Type or Print - Higher Administrative Authority)

(Signature - Higher Administrative Authority) (Date) (E-mail Address)

PROCUREMENT SERVICES APPROVAL

Approved by: _____
Signature Title Date