

North Carolina State University
Imprest Cash Account Request

Amount of Cash Requested: _____

Account Number to Fund Request: _____

Purpose of the Account: _____

Account Custodian: _____

School/Department/Administrative Unit: _____

Organizational Unit Code: _____

Address: _____

Telephone Number: _____

Anticipated Frequency of Use: _____

Activation Date Requested: _____

Termination Date: _____

Other Comments: _____

Requested By (Signature): _____ Date: _____

Title: _____ Telephone Number: _____

Approved By (Signature): _____ Date: _____

Dean, Director, Dept Head, etc.