

**NORTH CAROLINA STATE UNIVERSITY  
IMPREST CASH INCREASE REQUEST**

Date: \_\_\_\_\_

Current Authorized Amount of Imprest Cash: \$ \_\_\_\_\_

Requested Increase: \$ \_\_\_\_\_

Total Imprest Cash Account: \$ \_\_\_\_\_

Custodian: \_\_\_\_\_

School/Department/Administrative Unit: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Frequency for submitting Imprest Cash Account (Form BA-098) \_\_\_\_\_

Requested By: \_\_\_\_\_ Title: \_\_\_\_\_

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_  
Dean, Director, Dept. Head, etc.

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_  
University Accounting Officer

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1. The same conditions which were listed on the original BA-095, Imprest Cash Agreement also applies to the increased funds.
2. Dollar amount of reimbursements to imprest cash account during the past fiscal year.  
\$ \_\_\_\_\_
3. Number of reimbursement requested submitted for payment during the past fiscal year.  
\$ \_\_\_\_\_

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I, \_\_\_\_\_ acknowledge receipt of NCSU check # \_\_\_\_\_  
In the amount of \$ \_\_\_\_\_ to be used for increasing the Imprest cash fund under my  
custodianship. I agree to adhere to the NCSU imprest cash account procedures and restrictions.  
upon the event of my termination of employment with NCSU, transfer to another University depart-  
ment, or the stated termination date of the account, I agree to make a final settlement of my account  
University Accounting Office.

Signed \_\_\_\_\_  
Custodian of Imprest Cash Account

Date: \_\_\_\_\_

