

NORTH CAROLINA STATE UNIVERSITY  
REQUEST FOR AUTHORIZATION AND ESTABLISHMENT OF  
IMPREST CHECKING ACCOUNT

Date \_\_\_\_\_

Purpose of Imprest Account \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

University Account \_\_\_\_\_  
(Account Number) (Account Name)

Amount of Imprest Account Requested/Authorized \$ \_\_\_\_\_

Complete if amounts vary during the year:

<u>Time Period</u>	<u>Amount</u>
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Imprest Account to be maintained as follows:

Checking Account: Bank Name \_\_\_\_\_  
Account No. \_\_\_\_\_

Financial Records maintained at \_\_\_\_\_

Custodian of Imprest Account \_\_\_\_\_

Authorized individual(s) to act as custodian in the absence of custodian:  
\_\_\_\_\_  
\_\_\_\_\_

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

Requested by \_\_\_\_\_  
(Department Head/Director) (Date)

Approved by \_\_\_\_\_  
(University Treasurer) (Date)

I acknowledge receipt of check no. \_\_\_\_\_ for \$ \_\_\_\_\_ to establish an  
imprest checking account. I agree to follow the imprest checking account procedures  
established for this account.

Signed \_\_\_\_\_ Date \_\_\_\_\_