

IMPREST CASH FUND

Request | Change Agreement

FUND NUMBER

VOUCHER NUMBER

CUSTODIAN INFORMATION

(Please type or print in black ink)

Custodian's Name : _____
LAST FIRST MI

Custodian's Home Address : _____

Employee ID : _____ Vendor ID : _____

UM E-mail : _____ UM Phone : _____

REQUEST DETAILS

- New Fund
- Change in Balance
- Roll Over Upon Expiration
- Change Custodian
- Change ChartField
- Change Approver
- Close Fund

Amount Requested : _____

Current Fund Balance : _____

Increase Balance by : _____

Decrease Balance by : _____

New Fund Balance : _____

Requested Expiration Date : _____

Attach Copy of Cash Receipt Ticket or Provide Voucher Number : _____

| SHORTCODE OR DEFAULT CHARTFIELD COMBINATION TO CHARGE IMPREST FUND | | | | | |
|--|---------|-------------|-------------|-----------|---------------|
| Shortcode(6) | Fund(5) | Dept ID (6) | Program (5) | Class (5) | Project/Grant |
| | | | | | |

(FUNDS 20000 & 25000 MAY NOT BE USED)

Purpose of Fund : _____

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 ensure 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.

(TYPE OR PRINT - HIGHER ADMINISTRATIVE AUTHORITY)

TITLE

(SIGNATURE - HIGHER ADMINISTRATIVE AUTHORITY)

E-MAIL

DATE

(SIGNATURE - UNIT FINANCIAL REPRESENTATIVE)

E-MAIL

DATE

APPROVAL LEVELS

\$500 - \$5,000 : Dean or Director

\$5,000 - \$50,000 : Director of Procurement

\$50,000 & greater : EVP/CFO, Provost, or CFO of Michigan Medicine

SHARED SERVICES APPROVAL

TYPE OR PRINT NAME

E-MAIL

SIGNATURE

DATE