



Accounting Services Use only	
Date:	_____
Fund:	_____
Source:	_____
Department Number:	_____
Bank Number:	_____

**306.1.1f – Statement of Justification for Imprest Checking Account
(New Account or Increase)**

<input type="checkbox"/> New – Imprest checking account	
Purpose of imprest checking account:	
Estimate of two months' initial requirement for the imprest checking account:	
Physical safeguards for checks:	
Frequency of replenishment:	
Name of individual who will be responsible for the imprest checking account:	
The initial check and replenishment checks will be drawn to: _____	
Provide account numbers to be used in replenishing the account:	
<input type="checkbox"/> Increase – Complete the following for an increase in imprest bank advance	
Name of Imprest checking account:	
Bank Account Number:	Initial Advance:
Bank Balance:	as of:
Suggested amount of increase:	Frequency of replenishment:
Provide account numbers to be used in replenishing the account:	
Justification for increase:	

I have read and fully understand the policies and procedures of imprest checking accounts included in [Policy 306](#), [Procedures 306.1](#) and [306.2](#) of the Finance Policies and Procedures Manual.

Principal Investigator's Signature	Date	Sponsored Research Official	Date
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Chairperson or Dean of School

Date

Associate University Controller

Date
