

State of Rhode Island
OFFICE OF ACCOUNTS AND CONTROL

IMPREST FUND APPLICATION

DATE: _____

TYPE OF REQUEST:

Establish Dissolve Increase Decrease

Address: _____

Appropriation Account Number: _____

Type of Fund: _____

Person Accountable for Fund (Disbursing Officer): _____

New Disbursing Officer Yes No

Is the previous Disbursing Officer to be removed? Yes No

If Yes, name of previous Disbursing Officer _____

Location of Fund: _____

Will the Imprest Fund be retained in a checking account? Yes No

Current Amount of Fund: \$ _____

Requested Amount of Fund: \$ _____ Increase (Decrease): \$ _____

SURVEY OF NEED

Express comments that will justify/explain request (or attach additional memorandum):

Signature of Agency CFO

Date

Tel. No.

Signature of Department/Agency Director

Date

Tel. No.