

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
IMPREST CASH FUND REPORT
 AS OF JUNE 30,

AGENCY NAME: _____

IMPREST ACCOUNT TITLE: _____

PERSON ACCOUNTABLE FOR FUND (Disbursing Officer): _____

PERSON RECONCILING FUND TO BANK STATEMENT (IF APPLICABLE)
 MUST BE PERSON OTHER THAN D.O. _____

IF FUNDS ARE HELD IN A BANK ACCOUNT,
 PERSON RECEIVING BANK STATEMENT _____

AUTHORIZED AMOUNT OF FUND: \$ _____

In connection with the examination of the accounts of the State of Rhode Island, please confirm ***DIRECTLY to the Office of Accounts and Control***, One Capitol Hill, Providence, RI 02908-5883 your imprest cash account ***as of June 30th***, giving details as to the total cash on hand, the total expenditures to be reimbursed as of that date, any report, and changes in custodian, location or bank account.

CASH \$ _____

CHECKING ACCOUNT \$ _____

BANK NAME: _____

ACCOUNT NUMBER : _____

VOUCHER(S) \$ _____

TOTAL (Should agree to amount of fund- \$ _____
 If not, please explain)

Was there a change in Fund Disbursing Officer? No Yes

If Yes, previous Disbursing Officer's Name: _____

Was there a change in Fund location? No Yes

If Yes, previous Fund location: _____

Was there a change in Fund bank account name? No Yes

If Yes, previous Fund bank account name and
 account number: _____

DISTRIBUTION:

Please return the original of this form to the Controller's Office ***on or before July 31st***. Retain one copy for your agency. If not received on a timely basis, the account will be considered closed and the balance will be written off against your appropriation account.

 Signature of Agency CFO

 Date

 Telephone Number

 Signature of Department/Agency Director

 Date

 Telephone Number