

**Application for New Imprest Checking Account**

**Section to be completed by requesting agency**

Agency Requesting New Account

Person Requesting New Account

Dollar Amount Requested

Purpose of New Account

**Note: The following three functions must be filled by three separate individuals.**

Person Managing the Account (aka Disbursing Officer)

Designated Co-signer of Account

Person Reconciling the Account

Signature of Agency CFO

Date

Signature of Department/Agency Director

Date

**Section to be completed by State Controller**

Application Approved

RI-FANS Number Assigned

Application Denied for the Following Reason(s):

Signature of State Controller

Date

**Section to be completed by the General Treasurer's Office**

Bank Name

Bank Account Number

Routing Number

Effective Date of Account

Signature of General Treasurer (or designee)

Date