



**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"/> <b>New – Imprest checking account</b>	
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"/> <b>Increase – Complete the following for an increase in imprest bank advance</b>	
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
Chairperson or Dean of School	Date	Associate University Controller	Date