

### IMPREST FUND REQUEST

Agency/Institution : \_\_\_\_\_

Business Area Code: \_\_\_\_\_

Date: \_\_\_\_\_

Petty Cash

Change Fund

Activities Revolving Fund

Travel Advance Revolving Fund

Cash Fund (Commerical Bank Account)

**To: Director  
Department of Finance and Administration  
Office of Accounting  
P. O. Box 3278  
Little Rock, AR 72203**

#### Action Requested

Establish

Decrease

Transfer

Increase

Close

Cash G/L Account	Amount	Cost Center	WBS #	Internal Order

Justification/Explanation:

Administrative Head: \_\_\_\_\_

Custodian Supervisor: \_\_\_\_\_

Custodian: \_\_\_\_\_

Approved: \_\_\_\_\_  
Director, Department of Finance and Administration

Date: \_\_\_\_\_

Document No.: \_\_\_\_\_

Posting Date: \_\_\_\_\_