

Eastern Michigan University

Imprest Cash Adjustment Form

Imprest Date:	Fund	Organization	Account	Program
Department:		Custodian:		
Purpose of Adjustment:			Expected Return Date:	
Approval Signature: Director, Dean or V.P.		Signature of Custodian:		
Signature	Date	Signature	Date	

Funds Requested:

Distributed by:

Received by:

Denominations	
20's =	
10's =	
5's =	
1's =	
1 coin =	
.25's =	
.10's =	
.05's =	
.01's =	
Total	

Signature _____ Date _____ Signature _____ Date _____

Regulations:

1. An imprest fund may not be used for any purpose other than for which it is authorized.
2. Funds are for University Business only and must not be loaned, used for personal business, check cashing, reimbursement for meals or travel, or as payment for personal services.
3. Imprest funds must be maintained at the authorized level at all times, in cash.
4. Funds are subject to audit by Cash Management at any time, without prior notification.
5. The custodian is personally liable for the imprest fund.
6. All thefts must immediately be reported to the University Police Department at 734-487-1222 and Student Business Services at 734-487-2159

Imprest Recording JV/CV Completed:	
Signature _____	Date _____

Funds returned to SBS:			
Signature _____	Date _____	Signature _____	Date _____

Funds returned to Chase:	Return JV/CV Completed:
Signature _____	Signature _____
Date _____	Date _____