**IMPREST FUND RENEWAL MEMO**

Date: ENTER DATE

**TO**: Man Hon Cheung, Chief

 Bureau of Accountancy

 Financial Reporting Division

 Municipal Building – Room 200 South

 One Centre Street

 New York, NY 10007

**FROM:** FILL IN NAME & TITLE

**RE: Renewal of Imprest Funds** **20FY**

Agency Code:

Agency Name:

I am requesting renewal of account number ENTER LAST FOUR DIGITS OF ACCOUNT NO in the amount of: ENTER $ AMOUNT

The purpose of this account:

ENTER JUSTIFICATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|    |  |       |  |       |
| E-MAIL |  | TELEPHONE |  | SIGNATURE |

**THIS FORM CAN BE DOWNLOADED FROM THE COMPTROLLER'S WEBSITE, COMPLETED AND RETURNED ELECTRONICALLY.**