REQUEST FOR NEW OR RENEWAL OF IMPREST FUND

Requesting NYC Agency: _____

Purpose of the Imprest Fund: _____

_____

Estimate of Funding Required: _____
(Adequate Budgetary Funding Must Exist)

Name and Specimen Signature for:

Custodian: _____ _____
(Name) (Signature)

Individual Responsible for Bank Account Reconciliation:

_____ _____
(Name) (Signature)

Employees Authorized to Approve Expenditures:

Name	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employees Authorized to Sign Checks:

Name	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approved by:

_____
Signature and Date (Agency Head)

Note: Changes to authorized signatories must be immediately reported in writing, with new specimen signatures, to the Comptroller's Imprest Fund Compliance Unit.