

**IMPREST FUND RENEWAL MEMO**

Date:

**TO:** Ms. Jennifer Yang, Unit Chief-Ledger Maintenance

Financial Reporting Division  
Bureau of Accountancy  
Office of the Comptroller  
One Centre Street– Room 200 South  
New York, NY 10007

**FROM:**

**RE: Renewal of Imprest Funds 20**

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Agency Code:

Agency Name:

I am requesting renewal of account number \_\_\_\_\_ in the amount of:

The amount of Fiscal Year 2026 Imprest Fund Reimbursements (FMS INFOADVANTAGE REPORT CWA-DLPRQS-001– C4) were :

The purpose of this account:

\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
SIGNATURE

*By signing this form, you attest that all information is accurate and complete to the best of your knowledge, and you are the authorized individual for your agency to approve this document for submission with respect to the year-end close for Fiscal Year 2026.*