



STATE OF ARKANSAS
Department of Finance and Administration
Office of Accounting
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: State Comptroller
Department of Finance and Administration
Office of Accounting
P. O. Box 3278
Little Rock, AR 72203

Action Requested

- Establish
- Increase
- Decrease
- Close
- Transfer

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

Justification/Explanation:

Signatures

Administrative Head: _____

Custodian Supervisor: _____

Custodian: _____

Approved: _____ **Date:** _____
State Comptroller, Department of Finance and Administration

Remit form to:
Office of Accounting, 1509 W 7th, Suite 200, Little Rock, AR 72203
Email: dfa-oa.cib@dfa.arkansas.gov
Telephone: (501) 682-1675 / Fax: (501) 683-0823

Document No.: _____
Posting Date: _____