

Instructions

It is requested that a check from the above named bank account be drawn in favor of payee as shown. Imprest Fund account is no longer used to issue checks to vendors. The payee will be a WSU employee requesting the advance. Return completed form to Accounts Receivable in Jardine Hall room 201, by mail to campus box 38, or by email to

Payee _____

Description of Request _____

Date Imprest W

Will Be Reimbursed _____

I hereby agree to repay this advance within 30 days. I acknowledge and understand that failure to repay this advance could result in being sent to WSU collections. I hereby acknowledge, consent to and specifically authorize the University to deduct said amount from my University

Requestor's Signature _____

Requestor's Phone Number _____

Budget Officer Information

I hereby agree to repay the advance with department money in the event there is failure of repayment from original advance.

Budget Officer's Signature _____

Budget Officer's Phone Number _____

Reimbursing Fund, Org, and Account _____

Office of Research and Technology Transfer Approval (required if grant funding is used)

RTT Signature _____

RTT Phone Number _____

Accounts Receivable Use Only

Do not change funding.

Detail Code: RADV

Fund: T10639

Organization: 100000

Account: EXPAGY

Amount: _____

AR Signature _____

Approved By _____

RADV Completed on TSAAREV _____

Copy of Request in Pending File _____

Accounts Payable Use Only

Check Number _____

Date Issued _____