



Imprest Fund Attestation Instructions

- **This form should only be completed when directed by the State Treasurer's Office to do so when disaster recovery measures need to be made until a proper audit can be completed.**
- This PDF form is fillable and can be typed into. Please type out all information except for the bottom signature lines.
- Please fill in the top section of the form in relation to the imprest fund:
 - Imprest Fund Number, State Agency, Imprest Fund Name, Street Address, City, State, Zip Code, and County.
- Physically count all of the money present in the location of the imprest fund, while another staff member observes. This person should also input the date and time the money was counted.
- If there is any Sales Revenue for the day, list the amount on the 'Daily Sales/Revenue' line.
- Enter the authorized amount of the imprest fund under 'Total Dollar Amount of the Fund.'
- Subtract the 'Daily Sales/Revenue' and 'Total Dollar Amount of the Fund' from the 'Total Dollar Amount Counted' and list the difference under 'Amount Over/Short.'
- If the amount is anything other than \$0.00, please explain the difference in the 'Comments' section.
- The supervisor of the individual responsible is required to sign as a witness. In the event the supervisor is not available due to extenuating circumstances, such as disaster recovery, another staff member should sign as a witness.
- If you have any questions after reading these instructions you can contact the State Treasurer's Office at (304)558-3599 or email ImprestFund@wvsto.com.

Once this form has been completed, please fax or email the form to the State Treasurer's Office, Cash Management Division at (304)340-1511 or ImprestFund@wvsto.com.



West Virginia State Treasurer's Office
Larry Pack, Treasurer

Imprest Fund Attestation Form

Imprest Fund Number _____ **State Agency** _____

Imprest Fund Name _____

Street _____

City _____

State and Zip Code _____

County _____

Counted By _____ **Date and Time** _____

Total Dollar Amount Counted _____

Less: Daily Sales/Revenue _____

Less: Total Dollar Amount of Fund _____

Amount Over/Short _____

Comments _____

Signature and Title of Current Individual Responsible

Date

Signature of Supervisor (*Required)

Date