



Accounting Division  
 322 70<sup>th</sup> Street SE  
 Charleston, WV 25304  
 Phone: (304) 558-3599  
 Fax: (304) 340-1511  
 Email:  
 imprestfund@wvsto.com

## Imprest Fund Establishment/Change Form

1. Please designate the type of request:

- |   |   |
|---|---|
| <input type="checkbox"/> Establish a New Imprest Fund   | <input type="checkbox"/> Change the Individual Responsible or the Supervisor <b>(*see #8)</b> |
| <input type="checkbox"/> Change the Address or Location | <input type="checkbox"/> Increase or Decrease the Amount of the Imprest Fund                  |
| <input type="checkbox"/> Seasonally Close Imprest Fund  | <input type="checkbox"/> Permanently Close Imprest Fund                                       |

2. \*Enter the imprest fund number: \_\_\_\_\_ **\*If new request, this will be assigned when approved by the Treasurer's Office.**

3. Enter the name of the imprest fund: \_\_\_\_\_

4. Enter the purpose of the imprest fund: \_\_\_\_\_

5. Enter the location of the imprest fund: \_\_\_\_\_

6. Enter the address where correspondence should be sent on the imprest fund:

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

7. Enter the following information for the individual responsible for this imprest fund:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**8. If this request is to Change the Individual Responsible the Audit Form for Change in Individual Responsible MUST be attached (NOTE: the audit form does not need to be complete when changing Supervisor).**

9. Enter the authorized amount (Before Request): \$ \_\_\_\_\_ (After Request): \$ \_\_\_\_\_

10. If this is a request for a change in the authorized amount, please provide an explanation for the change.

11. wOASIS Funding Information: Fund: \_\_\_\_\_ Sub fund: \_\_\_\_\_ Dept: \_\_\_\_\_ Unit: \_\_\_\_\_ Obj: 3296 Sub Obj: \_\_\_\_\_ Proj: \_\_\_\_\_

12. Please affix signature to the appropriate section

Requesting  
Agency

Central Office  
of the Agency

Office of the  
State Treasurer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **Imprest Fund Establishment/Change Form Instructions**

- This PDF form is capable of being typed into, so please type out all information except for the bottom signature lines.
  - 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](mailto:ImprestFund@wvsto.com).
- 1. Please designate the type of request.**
    - Check the box(s) that apply.
  - 2. Enter the Imprest Fund Number.**
    - This will be a five-digit number authorized by the STO. If you are unsure of the imprest fund number, please contact the STO. (Note: If this is a request for a new imprest fund, this number should be left blank. The STO will fill this in later.)
  - 3. Enter the name of the Imprest Fund.**
    - This is chosen by the agency and should be related to what the imprest fund is for. For example: "Business Office Change Fund" or "Gift Shop Change Fund," etc.
  - 4. Enter the purpose of the Imprest Fund.**
    - Please explain what the imprest fund money will be used for. For example: "to make change."
  - 5. Enter the location of the Imprest Fund.**
    - This should be the exact location of where the imprest fund is kept. If the address is different than the address in #6, then please list the full address here. Otherwise, if it is the same address then a brief description will be sufficient. For example, "Business Office – Building 5" or "Bursar's Office," etc.
  - 6. Enter the address where correspondence should be sent on the Imprest Fund.**
    - This address should be the mailing address where any imprest fund-related correspondence should be sent to.
  - 7. Enter the following information for the individual responsible for this Imprest Fund.**
    - The Individual Responsible is the person who is held accountable for the imprest fund. Please type in this person's name, email address, title, and phone number. The supervisor should be the person who is over the Individual Responsible.
  - 8. If this is a change in individual responsible for the imprest fund, please provide the following information.**

- When a new person assumes responsibility for an imprest fund, the new person should immediately count the funds prior to assuming responsibility. Please input the date and amount that was verified.

**9. Enter the authorized amount (Before Request) and (After Request).**

- This depends on:
  - i. If this is a new imprest fund the before amount will equal \$0.00 and the after amount will equal whatever the desired imprest fund amount is.
  - ii. If this is an increase/decrease to an imprest fund, the before amount would be the authorized amount before the increase/decrease and the after amount would be the new desired imprest fund amount.
  - iii. If this is any other change, the before and after amount should be the current authorized amount of the imprest fund.

**10. If this is a request for a change in the authorized amount, please provide an explanation for the change.**

- Please list why this imprest fund needs to be increased or decreased.

**11. wvOASIS Funding Information.**

- When an Imprest Fund is established or increased a wvOASIS GAX document is entered by the agency's accounting department to supply the imprest fund. When an imprest fund is closed or decreased a wvOASIS CR document is entered to put the money back into the fund of which it came out of. The funding for the wvOASIS CR/GAX should be entered here. If the individual filling out the change form does not know this information, the individual should check with their agency's accounting department or business office. **(Note: The Object code should always be 3296 for Imprest Funds.)**

**12. Please affix a signature to the appropriate section.**

- The Individual Responsible or Supervisor must sign this form under 'Requesting Agency' in order for the change form to be processed. If the agency requires additional signatures for internal controls, then these may be placed under 'Central Office of the Agency.'
- **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](mailto:ImprestFund@wvsto.com).**
  - \*Note – If this is a Change in the Individual Responsible of the Imprest Fund, the State Treasurer's Office also requires that the Imprest Fund Audit Form be filled out and submitted along with the Establishment/Change Form.
- **The STO will then sign off on the form and email/fax the approved copy back to the agency for their records. If the change requires a wvOASIS CR or GAX, the agency will make a copy of the approved form to attach as backup with the CR/GAX Coversheet that will then go to the Auditor's Office.**