

**Bursar**

**Information Change for Imprest Account:**

To make changes to your Imprest Account please complete the below information:

Change Request Type (e.g. Custodian, FOAP, or Amount): \_\_\_\_\_

Department Name: \_\_\_\_\_

Custodian Name: \_\_\_\_\_

Departmental Address: \_\_\_\_\_

Custodian TU phone number: \_\_\_\_\_

Access ID name: \_\_\_\_\_

E-mail: \_\_\_\_\_

FOAP number: \_\_\_\_\_

Amount Requesting: \_\_\_\_\_

TU ID #: \_\_\_\_\_

Please indicate in full detail the purpose and need for this fund:  
\_\_\_\_\_  
\_\_\_\_\_

Please describe in full detail how the funds will be maintained and secured in the custodian office:  
\_\_\_\_\_  
\_\_\_\_\_

Indicate if this fund will be used to make subject payments. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes; list the amount to be paid to each subject. \_\_\_\_\_

If yes; you must agree to the below statement. Please place your initials at the end of the statement.

**No one participant's payment will exceed \$600 in a calendar year. If a participant receives more than \$600 in a calendar year the custodian will submit the participant's taxable information (i.e. name, social security number, etc.) to Accounts Payable. No TU employee will receive funds from the petty cash for their participating in the study. X**

Supervisor's Signature: \_\_\_\_\_

Access ID Name: \_\_\_\_\_

Supervisor's name / phone number / email: \_\_\_\_\_

**Affirm:** I have read Temple University's **Petty Cash Policy** and accept responsibility for safekeeping and handling these funds.

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

date: \_\_\_\_\_

Temple University Bursar: \_\_\_\_\_

date: \_\_\_\_\_

**Once the form is completed, please e-mail the form to [Lezlie.Jiles@temple.edu](mailto:Lezlie.Jiles@temple.edu).**