Reimbursement of Imprest Checking Account

☐ General Fund ☐ ASB Fund ☐ Trust Fund

Account Name _____ Acct. No. _____

* Attach a reimbursement voucher and original detailed receipts for each check number transaction.
* All checks must be accounted for including voids (ASB must include checks written for change funds).
* List checks in numerical order.

Payee	Description of Items	Check No.	Account Code	Amount

Total Reimbursement $ 0.00

ASB change funds check # _____ amount _____ dated _____
(Attach supporting change fund form.)

Approved by _____ Date _____
(account custodian/budget authority)