IMPREST FUND/PETTY CASH ACCOUNT REQUEST

Send to:
State of Ohio Office of Budget Management
Administrator, State Accounting
30 E. Broad St., 34th Floor
Columbus, OH 43215-3457

AGY REQUEST NUMBER	OBM NUMBER

AGENCY	OAKS BUSINESS UNIT	STATUTORY AUTHORITY	FUND CODE	FISCAL YEAR
		126:21 (A6)		

The Director of the Office of Budget and Management is requested to authorize:

☐ The establishment of a new imprest fund/petty cash account.

THIS FORM WILL BE USED TO CREATE A NEW VENDOR ID

Explanation of Request:
Describe below the purpose for establishing a new account. Include any exceptions to OBM procedures for type or amount of purchases.

☐ An increase in an existing imprest fund/petty cash account.

EXISTING OAKS VENDOR ID IS: _____

Explanation of Request:
Provide justification below for an increase in an existing account.

NAME OF ACCOUNT

LINE 1: Name of Agency
LINE 2: Specific Fund Name

(I.E., LAKE HOPE PETTY CASH ACCOUNT)

Custodian of Account Name: Phone: ( )
E-Mail Address: Fax : ( )

Location of Account Street Address:
City: State: Zip Code:

Remittance Information: Indicate below the Remittance Address of your account. This address will appear on warrants.
☐Same as Location of Account ☐EFT (Electronic Funds Transfer)

Remit Street Address City State Zip Code

Note: If EFT, must complete Form OBM -1234-(Rev.5/2007) Authorization Agreement for Direct Deposit of State Warrants

Amount Requested
$

Requesting Director or Authorized Signature Date

Request Approved ☐
OAKS Vendor ID _____
Request Denied ☐

Director of the Office of Budget and Management Date

OBM 4500 (5/07)