

Clear Form

FINANCE AND ADMINISTRATION CABINET
OFFICE OF THE CONTROLLER
DIVISION OF LOCAL GOVERNMENT SERVICES

Clerk/Sheriff Use:

Received by
County Fees:

IMPREST FORM

SUMMARY OF DISBURSEMENTS / REQUEST FOR REIMBURSEMENT

SUBMISSION DATE: _____

COUNTY OFFICE: _____
*must specify 'Clerk' or 'Sheriff'*CLERK/SHERIFF VENDOR NO.: _____
Format: KY#####

CUSTODIAN: _____

REPORT PERIOD: _____ - _____
Start End

TERM: 2023-2026

CERTIFICATION OF IMPREST FUND

Original Amount of Fund:	
LESS:	
Previous Imprest Request not Received:	
Cash on Hand:	
Other Items:	
Subtotal Imprest Balance:	0.00
EXPENSES:	
Subtotal Page 1:	0.00
Subtotal Page 2:	0.00
Total Amount to be Reimbursed:	0.00

	OBJECT CODE	INVOICE NO.	DESCRIPTION <i>provide Vendor Name and service/product provided</i>	CHECK NO.	AMOUNT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

SUBTOTAL pg 1 0.00

SUBTOTAL pg 2 0.00

IMPREST DISBURSEMENT GRAND TOTAL 0.00

Authorized Agent Signature (*digital signature accepted*)

Title

Upload this form along with supporting documentation using our [BOX Hub](#) for processing by County Fees. We will receive instant notification of your upload. Please email FIN.LargeCounty@ky.gov with any questions.

IMPREST FORM

CONTINUATION PAGE

	OBJECT CODE	INVOICE NO.	<i>provide Vendor Name and service/product provided</i>	CHECK NO.	AMOUNT
16					
17					
18					
19					
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21					
22					
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41					
42					
43					
44					

SUBTOTAL pg 2

0.00

For Clerk/Sheriff Use: