|  |  |  |
| --- | --- | --- |
|  | REVOLVING FUND REQUEST ORDER & CHANGE FORM (Imprest Cash)OFFICE OF THE AUDITOR-CONTROLLERPursuant to Government Code Section 29320, et seq. and the Board of Supervisor’s Resolution No. 74-156, complete and submit to the Auditor-Controller’s Office for approval. | SPM FormAR - 1(Policy #603)Page 1 of 2*(Submit all pages)* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **Effective Date** |
| **Revolving Fund No.**(To be Assigned if New) | **Fund No.** | **Dept. ID** | Custodian’s Name  |       |
| **Warrant Made Payable To:** |  |  |
|  |  |  | Agency/Department/Special District Name(**Note:** **Warrant will no longer be made to custodian’s name**) |  |

|  |
| --- |
| Departments/Agencies/Special Districts – *Indicate the type of request.* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Establish New Fund |  | Increase Amount |  | Reduce Amount |
|  |  |  |  |  |  |
|  | Change Custodian |  | Discontinue Fund |

|  |  |
| --- | --- |
| **1** | Purpose – *Explain the reason for establishing/changing/discontinuing the fund.* |
|  |  |
|       |
|       |
|       |

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| **2** | **Establishing a Fund –** *Please answer the question below.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Will there be a checking account needed to deposit the revolving fund check?**  |  | **Yes** |  | **No** |

|  |
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| ***NOTE: If a checking account is needed, a copy of an approved Request to Establish Checking Account (SPM Form AP-5) must accompany this request before the revolving fund can be established.*** |

|  |  |
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| **3** | **Revolving Fund Details –** *Complete the areas that apply to your request.* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A | Present Amount |  | Requested Change Amount |  | New Requested Amount |
|  |       |  |       |  |       |

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| **B** |  | **Issue a check drawn against the treasurer’s cash** |  | **Deposit check to treasurer’s cash** |

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| --- | --- | --- | --- | --- |
| C | **ADD** | **REMOVE** | Print Custodian Name (**Note: One custodian per revolving fund**) | Custodian’s Signature |
|  |  |  |       |  |
|  |  |  |       |  |

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| ***NOTE: When replenishing funds, the check can only be released to individual(s) listed on the ADM-3 form. Custodian must be included in the AP-6 and ADM-3 forms. Please attach forms to this request.***  |

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| --- | --- | --- |
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|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Effective Date** |
| **Fund No.**  |  Dept. ID Agency/Department/Special District Name |  |

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| --- | --- | --- | --- | --- |
| Prepared By (Print Name) |  | Phone |  | Date |

|  |  |  |
| --- | --- | --- |
| Department Head or Official’s signature |  |  Date |
|  |  |  |
| Print Name of Official (Resolution and Code requirement) |  | Official’s Title (Resolution and Code requirement) |

|  |
| --- |
| Approvals  |
| **AUDITOR-CONTROLLER** |
|  |
| The above request, as presented, is Approved Denied |
| **Comments:** |       |  |
|  |  |  |
|  |       |  |
|  | Chief, General Accounting Division – Signature |  |
|  | **Caroline Santos** |  |       |  |
|  | Print Name |  |  | Date |  |
|  |  |  |  |  |
| **TREASURER** |
|  |
| The above request, as presented, is Approved Denied  |
|  |
| **Comments:** |       |  |
|  |  |  |
|  |  |  |
|  | Title – Signature |  |
|  |  |  |       |  |
|  | Print Name |  |  | Date |  |
| Authorized Amount for Fund | Issued Check # | **Date Check Issued** | **Checking Account Approved****(If applicable, give approval date. Otherwise, show “N/A”)** |
|       |       |       |       |