



CLOSING FORM

Project Advance

Imprest Fund

Deliver in Person To: University Cashier
 100 Sparks Hall
 (404)413-3251 phone

Date Closing Project Advance/Imprest Fund:
Panther Card ID Number of Custodian: 601708 _____ X

Closing Project Advance/Imprest Fund	
Department Name:	Date of Advance/Imprest:
Name of Custodian:	
Contact E-mail:	Contact Telephone:
Signature of Custodian:	

Distribution							
Speed type	Amount	Account (6)	Fund (5)	Dept (9)	Program (5)	SubClass (5)	Project/Grant (10)
Total							

Composition	Amount
Currency (USD)	
Coins (USD)	
Cash Subtotal	
Checks (List Each Check Separately Below or Attach Check Log)	
Total	

List of Checks (if applicable)			
Check Date	Check Number	Remitter's Name	Amount
Total Amount of Checks Listed			

Printed name of Authorized Requestor/Initiator:
Signature of Authorized Requestor/Initiator: <i>(required)</i>
Printed name of Authorized Approver for Budget/Grant/Project:
Signature of Authorized Approver for Budget/Grant/Project: <i>(required and different from Initiator above)</i>

Cashier's Use Only:	Payfile Number:	Transaction Number:
---------------------	-----------------	---------------------

Note: Typical account codes for expenditures are 783110 for Participant Support - reimbursement of expenses, 783120 for Participant Support - services, and 727140 for Human Subjects payments.

Attach Approved Project Advance/Imprest Fund Form and original receipts