

Record of Imprest Fund Emergency Salary Payment

U.S. Department of Housing
and Urban Development
Office of Finance & Accounting

Administrative Instructions	<p>Entries: May be either handwritten or typewritten Forms Supply: Use local office copier for initial supply & providing completed copies Copies Retained By: (1) Administrative / Personnel Office (2) Imprest Fund Office (3) Reimbursement Receiving Office (4) Employee</p>							
Request Administrative Office, or equivalent, may help employee complete this section.	<p>I request an emergency salary payment for the following reason(s)</p> <hr/> <table border="1" data-bbox="529 506 1567 684"> <tr> <td data-bbox="529 506 1317 590">The amount I request is (not to exceed \$500)</td> <td data-bbox="1317 506 1567 590">Amount</td> </tr> <tr> <td data-bbox="529 590 1317 684">Name, Social Security Number & organization code</td> <td data-bbox="1317 590 1567 684">Date</td> </tr> </table>		The amount I request is (not to exceed \$500)	Amount	Name, Social Security Number & organization code	Date		
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Authorization Required	<p>I authorize this request. Administrative Officer (or equivalent) Name, signature, date</p>							
Approvals Both approvals are required	<p>I approve this request. Director, Office of Finance & Accounting (or designee) Name, signature, date</p> <hr/> <p>I approve this request. Director, Office of Personnel & Training (or designee) Name, signature, date</p>							
Disbursement Imprest Fund cashier completes this part and disburses money to employee. Not to exceed \$500.	<table border="1" data-bbox="529 1052 1567 1335"> <tr> <td data-bbox="529 1052 1317 1146">I have disbursed the following amount of money to the employee named in the request section above</td> <td data-bbox="1317 1052 1567 1146">Amount</td> </tr> <tr> <td data-bbox="529 1146 1317 1251">The employee is expected to reimburse the Department in full on or before this date (not later than two pay periods after disbursement)</td> <td data-bbox="1317 1146 1567 1251">Date</td> </tr> <tr> <td colspan="2" data-bbox="529 1251 1567 1335">Imprest Fund Cashier signature & date</td> </tr> </table>		I have disbursed the following amount of money to the employee named in the request section above	Amount	The employee is expected to reimburse the Department in full on or before this date (not later than two pay periods after disbursement)	Date	Imprest Fund Cashier signature & date	
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Imprest Fund Cashier signature & date								
Receipt acknowledgement Employee reads and signs. Imprest Fund cashier retains this record, directs the employee to where reimbursement is to be made, and makes copies of form as necessary	<p>I have received this emergency salary payment from the Imprest Fund.</p> <p>I understand and agree that if I fail to reimburse the Department as promised, I may be subject to claims collection action which could result in an administrative offset of my salary or similar action.</p> <p>I promise to reimburse the Department in full no later than the above date by personally making my payment to _____ Room</p> <p>Employee signature & date</p>							
Reimbursement receipt To be completed by the HUD employee authorized to receive the reimbursement	<table border="1" data-bbox="529 1629 1567 1860"> <tr> <td data-bbox="529 1629 1317 1776">This is to certify that the following amount for the above imprest fund emergency payment has been received from Employee's name & date received</td> <td data-bbox="1317 1629 1567 1776">Amount</td> </tr> <tr> <td colspan="2" data-bbox="529 1776 1567 1860">Authorized receiving employee's name, title, signature & date</td> </tr> </table>		This is to certify that the following amount for the above imprest fund emergency payment has been received from Employee's name & date received	Amount	Authorized receiving employee's name, title, signature & date			
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Authorized receiving employee's name, title, signature & date								
Notes	Form of payment (cash, check, etc.) & appropriation to which reimbursement is assigned							