## Revenue Services

## **Imprest**





Complete sections 1-3, sign the form and return it to the address at the bottom of the page.

Please use black ink and block capital letters or typescript.

1) Establishment							
Establishment Name							
Imprest Holder							
2) Bank Details (if applicable)							
Bank	Virgin Money		Branch	Branch			
Account Number			Sort Cod	Sort Code			
3) Imprest Amount							
Current Impre	Current Imprest Amount		Increase / Decrease Requested			New Imprest Amount	
Signed Date (to be signed by the Imprest Holder named above)							
4) Cash Delivery / Reimbursement (delete as appropriate)							
Received / Reimbursed by: (to be completed by Establishment)							
				Date			
Signature		P	rint Name		_		
Paid / Received by: (to be completed by Revenues)							
						Date	
Signature Print Name							
For Revenue Services use only							
Increase Authorised by:				T		Date	
Database Updated	Payment Request	ted 🗌	Actioned by:			Date	