



CASHIERING COLLECTION POINT ANNUAL RENEWAL REQUEST

Submission: Submit this form to Student Financial Services annually in accordance with CSUSB Cash Handling Procedures.

SECTION A. (General Information)

Type of Request: Renewal/Modification

Effective for fiscal year: 2018 / 19

Department Name:

Department ID: _____

Cashiering Collection Point Location:

Department Responsible Person (DRP):

Phone:

Email:

Enter name and employee ID's for employees that will handle cash:

Please use attachment for additional cash handlers

SECTION B. (Operations Information): For the following section please indicate if any changes or updates have occurred since the original "Request to Establish/Maintain Cashiering Collection Point" form was submitted. Please provide details of any changes on a separate attachment.



REQUEST TO ESTABLISH/MAINTAIN CASHIERING COLLECTION POINT

- | | | |
|---|------------|-----------|
| <p>A. Has there been any changes in the cashiering operations (attach updated information):</p> <ol style="list-style-type: none"> 1. Goods, services, and/or donations for which you receive payments. 2. Security arrangement for the cash collection point (safes, lock boxes, 3. Frequency or average amount of collections. | Yes | No |
| <p>B. If you are accepting debit/credit cards, has there been any changes to the following areas:</p> <ol style="list-style-type: none"> 1. How debit/credit cards are accepted (i.e., in person, telephone, online, mail, internet). 2. How cardholder data is obtained (i.e. swiped from terminal, imprint machin 3. The dollar volume and number of transactions received. | Yes | No |
| <p>C. Has there been any changes to the Cash Handling Procedures for the following areas:</p> <ol style="list-style-type: none"> 1. Cash receipts collection daily process 2. Physical protection of Cash and Cash equivalents 3. Deposit preparation and deposit process 4. Deposits and transfers to the main cashier or bank 5. Internal controls and segregation of duties 6. Inventory control process 7. Voids and Refund process 8. Overage and Shortage process 9. Customer receipt process 10. Mail payments process 11. Daily closing process 12. Review and reconciliation process 13. Petty Cash/Change Fund process | Yes | No |

Section C. (Accounting Information)

	State Fund	UEC Fund	
Funds Deposited to:			
Account	Fund	Dept.	Class Project

SECTION D. (Signatures and Approvals)

Signatures:

Department Responsible Person (DRP)	Signature	Date
-------------------------------------	-----------	------

Dean/Sr. Director	Signature	Date
-------------------	-----------	------

By signing this form, the DRP and Dean/Senior Director acknowledges that he/she understands his/her role as outlined in the responsibilities section of the Payment Card Industry Data Security

Standard and the Administration and Finance Cash Handling Procedures and accepts responsibilities for that role.

Please submit completed form to the Student Financial Services Lead located in UH-035,. Questions can be directed to the Student Financial Services Lead via email at sepi.harris@csusb.edu or by phone at (909)537-3154.

Recommendations for Approval:

<i>SFS Lead</i>	<i>Signature</i>	<i>Date</i>
-----------------	------------------	-------------

<i>SFS Manager</i>	<i>Signature</i>	<i>Date</i>
--------------------	------------------	-------------

<i>Controller - Financial Services</i>	<i>Signature</i>	<i>Date</i>
--	------------------	-------------

<i>Information Security (if applicable)</i>	<i>Signature</i>	<i>Date</i>
---	------------------	-------------