REQUEST TO ESTABLISH/MAINTAIN
CASHIERING COLLECTION POINT

Submission: **Submit this form to Student Financial Services no later than May 1st each year to obtain approval from the University Controller to collect cash, checks, and credit cards for each new fiscal year beginning July 1st and ending June 30th.**

SECTION A. (General Information)

Type of Request: ☐ New or ☐ Renewal/Modification   Effective for fiscal year: _____

Department Name: Department ID:

Cashiering Collection Point Location:

MPP Department Responsible Person (DRP):   Phone:
                                                    Email:

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

1. Name: 4. Name: 7. Name:
   ID: ID: ID:

2. Name: 5. Name: 8. Name:
   ID: ID: ID:

3. Name: 6. Name: 9. Name:
   ID: ID: ID:

Describe the goods, services, and/or donation for which you will receive payments. Please be specific:

Please explain why the main Cashiering Office cannot be used for these payments. Please be specific:

Describe security arrangements for cash collection point (i.e., locked cash box, cash register, safes, etc.):

Expected frequency of collections:	Daily	1-2 times a week	3-4 times a week	One Time Event	Other (describe):
Avg. $ per frequency:	$0-$99	$100-$249	$250-$499	$500-$999	$1,000-$2,500 >

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Will debit/credit card payments be accepted at this cash collection point?   Yes   No
If yes, complete Section B. If no, skip to Section C.

SECTION B. *(Credit Card Processing Information)*

How will you   ☐ In-Person   ☐ Internet/eCommerce   ☐ Mail
accept credit cards?   ☐ Telephone   ☐ POS Software   ☐ Fax

Debit/credit card acceptance methods (check all that apply):

How is Cardholder data obtained :

Swiped through a standalone, dial-out payment terminal

Make and model # of payment terminal(s): _____   *How many?* _

Using imprint machines

Written manually on paper documents

Internet based eCommerce webpage (i.e. Vendini)
Please indicate payment application used:

**Please note: Staff should never swipe the customers
card for eCommerce transactions.**

I have reviewed the <u>Payment Card Industry Data Security Standards</u>   Yes   No

Please indicate the *estimated* annual dollar volume and number of transactions for each applicable credit card acceptance
process noted below:

In Person $ _____   Transaction # : _____
Mail/POS Software $ _____   Transaction # : _____
Internet/eCommerce $ _____   Transaction # : _____

SECTION C. *(Cash Handling Procedures)*

All satellite cashiering stations **must** submit the procedures that will be used, or are being used,
to process payments with this form. The procedures should include:

- Cash receipts collection process
- Deposit preparation and deposit process
- Review and reconciliation process
- Ensure position titles are used to describe who performs specific duties and to describe the
  individuals who are approving deposits, voids, etc.
- Procedures should be approved by DRP by way of signature

Cash Handling Procedures are attached.

Cash Handling Procedures already submitted and there are no changes to procedures.

Section D. *(Accounting Information)*

Funds Deposited to: Account   Fund   Dept.   Class   Project

State Fund   UEC Fund

SECTION E. *(Signatures and Approvals)*

Signatures:

MPP 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 Student Financial Services located in UH-035or by email to sfs@csusb.edu. Questions can be directed to Student Financial Services via email at sfs@csusb.edu or by phone at (909)537-5162.

Recommendations for Approval:

SFS Associate Director	Signature	Date
SFS Director	Signature	Date
Information Security Approval (if applicable)	Signature	Date

Approval:

Request Approved: ☐   Request Denied: ☐

University Controller	Signature	Date

Comments

REQUEST TO ESTABLISH/MAINTAIN CASHIERING COLLECTION POINT INSTRUCTIONS

Section A. General Information

- **Type of Request**: Indicate if you are submitting a new request or a renewal. Enter the Fiscal year the location was established.

- **Department Name and ID Number**: Enter the department name and ID for the collection site.

- **Cashiering Collection Point:** Enter the location of the collection site.

- **Department Responsible Person(DRP), Phone, and Email:** Enter the name of the person that will be responsible for all cash handling activities. The DRP must be MPP level.

- **Name and Employee ID # for all Cash Handling Employees:** Enter the name and employee ID number for all employees that is going to handle cash. This includes the employees that will be preparing and verifying the deposit.

- **Describe goods/services/events**: Describe what you are selling; (i.e. type of inventory, service), or if payments are being collected for an event and why satellite location is needed.

- **Explanation for Collecting Payments Outside of Main Cashier:** Please indicate why payments cannot be made at the Main Cashiering Office.

- **Describe security arrangements**: Describe how often payments will be collected, daily, monthly, annually…

- **Frequency of Deposits**: Indicate which type of payment methods will be used. Please note that an Application to Accept Credit.

Section B. Credit Card Processing Information

- **How will Credit cards be accepted:** Please indicate the methods that credit card payments will be accepted.

- **How will card-holder data be obtained**: Indicate how card holder information will be obtained.

- **Estimated annual dollar volume**: Provide the estimated amount of collection anticipated.

Section C. Cash Handling Procedures

- **Submitting Cash Handling Procedures:** Please submit your cash handling procedures with this request.

Section D. Accounting Information

- **Chart-field/Account:** Account, Fund, Department, Program, Class, and Project. Please note that not all departments use the Class and Project Code. Enter the XR number if applicable.

- **Deposited Entity:** Please indicate if collections will be managed by the State or by UEC.

Section E. Signatures and Approvals

- **Department Responsible Person(DRP)**: The person responsible for all cash handling activity for the location should sign. The DRP must be MPP level.

- **Dean/Sr. Director:** The Dean or Sr. Director responsible for the location should sign.

Appendix A. Sample Cash Handling Template

- Use template as a guide for department cash handling procedures.

	CASH HANDLING POLICIES AND PROCEDURES TEMPLATE	Last updated date:
		Prepared by:
		Reviewed by:

Overview: Summarize purpose for taking payments (i.e. The department accepts cash and checks at the box office, and credit card payments online through a third party system for ticket sales, subscriptions, and donations).

Daily Procedures: Indicate process for accepting and logging receipts, endorsing checks, issuing receipts.

(Provide overall procedure for handling cash and cash equivalents; i.e. All checks are immediately endorsed upon receipt, receipts are issued to customer, duplicates are attached to the deposit transmittal form.)

Physical Protection of Cash and Cash Equivalents: Indicate how receipts will be secured (i.e. safe, lock box), access to receipts/safe. (A log must be maintained for individuals that have access to the safe. Safe combination changes should be logged; i.e. All cash and cash equivalents are placed in a locked bag in the safe. Only two employees have access to the safe. When an employee leaves a request to change the safe code is submitted...).

Deposits and Transfers to the Main Cashier or Bank: Indicate how receipts will be deposited/transported to bank/main cashier. (Receipts should be deposited at least weekly or whenever collections exceed $1000.00, two employees must transport deposits, a police escort is required for deposits meeting or exceeding $1000.00; i.e. Deposits are transported to the main cashier daily in dual custody. Cash transmittal forms are signed by the Technician I and verified by the Technician II.)

	CASH HANDLING POLICIES AND PROCEDURES TEMPLATE	Last updated date:
		Prepared by:
		Reviewed by:

Internal Controls and Segregation of Duties: Indicate how segregation of duties will be maintained.
(Accepting payments, reconciling, preparing deposits, and verifying deposits should be performed by different employees. i.e. Payments are accepted by the Accounting Technician, the reconciliation is performed by the department AAS. Deposits are prepared by the Accounting Technician and verified by the Technician II.)

Inventory: If applicable, describe how inventory will be tracked (A reconciliation between inventory and sales must be performed; i.e. All inventory is secured in a locked safe accessible to the Department Head and the cashiering supervisor. All ticket sales are logged and reconciled by the AAS.)

Voids and Refunds: Please indicate who will be responsible for approving and reporting voids and refunds.

(Employee accepting cash should not void transactions or issue refunds; i.e. Voids are approved by the cashiering supervisor. All refunds are prepared by the cashiering supervisor and approved by the department manager).

Overages and Shortages: Indicate how overages and shortages will be reviewed and reported. (Chain of Command; i.e. Overages and shortages will be reported to the department supervisor immediately. Shortages over $100.00 will be reported to the Student Financial Services Lead.)

Customer Receipts: Indicate the type of receipts that will be provided to customers. (Triplicate pre-numbered receipts must be issued for in-person payments; i.e. All customers are issued the original white copy of the pre-numbered receipt. The pink copy of the receipt will be attached to the deposit transmittal form and the yellow copy will be maintained in the department).

Mail Payments: Indicate the procedure for logging mail receipts. (All receipts received by mail must be logged; i.e., All checks received by mail are logged. The checks are prepared for deposit then reconciled to the log on a daily basis...).

Daily Closing Procedure: Describe how receipts will be reconciled at the end of the day. (i.e., At the end of the day, each cashier balances the cash received to the log of services provided. After balancing, all payments are placed in a locked bag in the safe by the cashiering supervisor)

Reconciliation: Indicate who will be performing the reconciling of receipts to the ledger.

(Position of individual responsible for performing monthly reconciliation. i.e. Reconciliations to the General Ledger are performed by the Department AAS on a monthly basis and are approved by the Department Manager.).

Petty Cash Fund: If applicable, indicate what procedures will be used to reconcile the petty cash fund.

(All petty cash funds must be approved by the Director of Accounting; i.e. The petty cash fund is reconciled monthly by the department AAS. The department supervisor ensures that the funds are reconciled).

Change Fund: If applicable, indicate what procedures will be used to reconcile the change fund.

(All Change funds must be approved by the Director of Accounting; i.e. The change fund is reconciled each day by the lead cashier. The department supervisor ensures that all change funds are reconciled).

Other Comments: