

## DELTA STATE UNIVERSITY CASH HANDLING REQUEST FORM

This form is used to request authorization to accept cash, checks, and/or credit card payments on behalf of Delta State University and when changing cash custodians. For more information, see Delta State University Handling of Cash and Cash Equivalents policy in the Handbook of Operating Procedures.

Custodian Name and Title	Budget Authority Name and Title		
Department /Unit Name	Cash Collection Location (Building, Room Number, etc.)		
Type of payment s to be collected. Select all that apply.	Cash	Check	Credit Card
How often will department accept payments? Select one.	On-going	One-Time Event	
How will your department accept these payments? Select all that apply.	In person	By mail	By phone
To what fund and org will payments be deposited?			
Justification – Explain why it is not possible for the Cashier’s Office to collect these payments:			
Planned Security and Process for Cash Handling Location (describe security of Cash Handling Area, separation of duties, receipting, deposit verification, reconciling, etc.			
Will the department require a change fund?	Yes	No	Amount
Justification – Explain why the department will require a change fund:			

### New Custodian Acceptance/Acknowledgement

- I agree to be personally accountable to Delta State University for the collection, balancing, and reporting of all cash and cash equivalents collected by the department. I am familiar with the physical security arrangements for the care of the funds (described above) and hereby agree that the arrangements are adequate for me to accept the responsibility as custodian of the funds. I further agree that if these funds are lost or stolen due to my negligence, then the University may require reimbursement from me for that amount.
- If authorized to use a change fund, I understand that the funds may only be used for providing change in the normal course of carrying out the authorized business activity in the department.
- I understand that funds collected may not be retained for the purpose of establishing a change or petty cash fund.
- Furthermore, I understand that all cash on hand, including the change fund if authorized, are to be available for unannounced audits by properly identified personnel from Student Business Services, University Accounting or Internal Audit. I understand that I am allowed to observe the audit in circumstances when only one person is conducting the audit.

I certify that the above information is correct. I have read and understand Delta State University’s Handling of Cash and Cash Equivalents policy and I agree to abide by its guidelines and procedures.

\_\_\_\_\_  
Custodian Signature Date

### Authorizing Signatures

\_\_\_\_\_  
Budget Authority Signature (no designee) Date

\_\_\_\_\_  
Director of Student Business Services or VP Finance & Administration (no designee) Date

*When required signatures have been obtained, Director of SBS will retain the original, send a copy to the requesting department, and send a copy to University Accounting.*

<b>For Student Business Services Use Only:</b>		
Cashiering Training Date _____	Trainer’s Initials _____	Custodian’s Signature _____