



STUDENT FINANCIAL SERVICES CASH COLLECTION ESTABLISHMENT

REQUESTOR INFORMATION			
DEPARTMENT NAME			
DIRECTOR NAME		PS DEPARTMENT ID	
REASON FOR CASH COLLECTION POINT NEED			
DETAIL			
Segregation of Duties (Check One for Each Position)	Custodian Name and Title	Description of Duties	
1 <input type="checkbox"/> Cash Handling <input type="checkbox"/> Deposits <input type="checkbox"/> Reconciliations			
2 <input type="checkbox"/> Cash Handling <input type="checkbox"/> Deposits <input type="checkbox"/> Reconciliations			
3 <input type="checkbox"/> Cash Handling <input type="checkbox"/> Deposits <input type="checkbox"/> Reconciliations			
4 <input type="checkbox"/> Cash Handling <input type="checkbox"/> Deposits <input type="checkbox"/> Reconciliations			
5 <input type="checkbox"/> Cash Handling <input type="checkbox"/> Deposits <input type="checkbox"/> Reconciliations			
6 <input type="checkbox"/> Cash Handling <input type="checkbox"/> Deposits <input type="checkbox"/> Reconciliations			
RECONCILIATION FREQUENCY AND PROCESS DESCRIPTION			
A). FREQUENCY (Check One) <input type="checkbox"/> Shift End <input type="checkbox"/> Day End <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			
B). PROCESS DESCRIPTION			
DEPOSIT SCHEDULE (Check One)			
<input type="checkbox"/> Daily <input type="checkbox"/> Within 24 Hours <input type="checkbox"/> Within 2 Business Days <input type="checkbox"/> Within 3 Business Days			
APPROVING AUTHORITY			
PRINT NAME		EXTENSION	
SIGNATURE		DATE	
STUDENT FINANCIAL SERVICES USE ONLY			
DATE APPROVED	COMMENTS	APPROVING SIGNATURE	
DATE DENIED			