

**REQUEST TO ESTABLISH CASH COLLECTION SITE**

Department/Area Name \_\_\_\_\_

Reason(s) for Cash/Check Collections \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will the receipt of funds be an one-time, annual, or an ongoing event? \_\_\_\_\_

If one-time or annual event, when will this event occur? \_\_\_\_\_

What date do you anticipate to begin receiving funds? \_\_\_\_\_

Banner Account Number for Deposits \_\_\_\_\_

Describe manner in which you will secure funds overnight:

\_\_\_\_\_

Name & title of person that will accept and log in mail/in-person payments.

\_\_\_\_\_

Name & title of person that will prepare the deposit.

\_\_\_\_\_

Name & title of person that will reconcile the deposits posted to Banner.

\_\_\_\_\_

Name & title of person that will supervise/oversee this cash collection site. (This is the person that will sign this form and the Memorandum of Understanding and assume the ultimate responsibilities for cash collection activities.)

\_\_\_\_\_

I attest that all provisions in the Cash Control Guidelines can and will be adhered; if at any time compliance cannot be maintained I will immediately notify the Director in the Office of Student Accounts and make arrangements to transfer this function back to that office.

Signature

Date

A short, written explanation must be attached indicating why the department/office must collect monies rather than having payments directed to the Office of Student Accounts.