

Departmental Cash Collection Application

Departments seeking to collect cash (defined as currency, check, and/or credit card) must be approved by the planning unit CFAO and the Bursar. Complete and submit the following application form to bursar@ohio.edu. Please read the Cash Handling Procedures (https://www.ohio.edu/bursar/cash-handling.cfm) and Deposits of Funds Policy 51.001 (https://www.ohio.edu/policy/51-001.html) to make sure your department will be able to comply with all requirements.

Cash handling units are subject to audit by Ohio University Internal Audit at any time.

For assistance or questions regarding this form, please contact Sherry Rossiter, Bursar, at downs@ohio.edu or 740-593-4129.

4129. **CONTACT INFORMATION Contact Name Phone College/Division Name Email Department Name** Campus **Location of Cash** Collection **ACTIVITY** Name of Activity Is the activity new or existing? Describe in detail the business purpose and nature of the revenue producing activity. Who will be your customers? URL **Desired Start Date** Estimated annual amount to be collected Type of collection point ☐ Temporary (i.e. one-time event) ☐ Permanent Frequency of collections □ Daily □ Weekly \square Annual \square Monthly □ Other Forms of payment to be ☐ Currency ☐ Credit Cards □ Other ☐ Checks accepted Description of internal controls and reconciliation process.

Description of security measures for safeguarding funds prior to deposit.					
PERSONNEL List the primary and be maintained.	back-up employees	performing cash handling duties	to ensure that	proper segregation of duties wil	
reconciliations. The insufficient personn	three-way separation el, a two-way separa	three distinct employees perform in is the safest and most accepted tion can be used. In the two-way s; however, the reconciliation ta	d internal contr y separation the	ol measure. If there are	
		Employee Name		Position Title	
Receipting	Primary				
	Backup				
Deposits	Primary				
	Backup				
Reconciliations	Primary				
	Backup				
Will there be any of card processing sy		olved with any part of the mone	ey-handling (e.	g. point-of-sale system, credit	
Name(s) of externa	al vendor(s):				
What products/se	rvices do the externa	al vendors provide?			
Is there a complete	ed contract in place	with the vendor now?			
APPROVAL					
Signature of Requestor		En	nail Address	Date	
CFAO Signature		Da	te		
For Office Use Only				☐Approved ☐Denied	
Reviewed By			Date		
Reason for denial:					