

## Department Standard Operating Procedure Template (SOP)

Enter Department Name here: \_\_\_\_\_

### Standard Operating Procedure (SOP): Management of Cash Handling

Written by: <b>Provide details of all contributors</b>	Date Submitted: <b>Enter date</b>
Approved by: <b>Name &amp; Signature of Responsible Persons</b>	Review Date: <b>Enter date,</b>
_____	_____
_____	_____
_____	_____

1. Purpose:
2. Scope:
3. Responsible Persons

<b>Accountable Officer (AO)</b>	The Accountable Officer is <b>insert name, department and telephone number.</b>
<b>Responsible Officer (RO)</b>	The Responsible Officer is <b>insert name, department and telephone number.</b>
<b>Finance, Administrative Services and Operations (FAO)</b>	The Authorized Officer is <b>insert name, and telephone number.</b>

#### 4. Responsibilities

	Authorized staff <b>enter name(s).</b>
	Authorized staff <b>enter name(s).</b>
	Authorized staff <b>enter name(s).</b>
	Authorized staff <b>enter names(s).</b>
	<b>Describe duties in box below</b>

**5. Describe separation of duties in cash handling**

	<b>Specify names, or refer to responsibilities section above.</b>

**6. Receipt of Cash**

	<b>Specify names, of all who may accept funds.</b>
	<b>Specify all locations and the process to be followed.</b>

**7. Reconciling Cash Receipts**

	<b>Enter names.</b>
	<b>Detail practice process including responsibilities, system and record keeping.</b>

**7. Safe Storage of Cash**

	<b>Specify all locations and how storage is secured.</b>

**11. Transporting Cash for Deposit**

	<b>Enter names.</b>

**13. Record retention**

	<b>Specify all location and how records will be stored.</b>

**14. Cash Overages/Shortages or Any Other Incidents Involving Cash**

These are reported to:

Name	Role	Timescale
	<b>Responsible person within Department</b>	Immediately aware
	<b>Departmental Vice President</b>	When responsible person not available
	<b>Senior Vice President for Finance, Administrative Services &amp; Operations or Designee</b>	Within 2 working days

**15. Training**

	Detail practice process.

**Training Log for Standard Operating Procedure (SOP)**

**Department Name:** \_\_\_\_\_

I have read and understood the SOP relating to management of Cash Handling and undertaken any identified training:

Date	Name	Job Title	Signature