

CASH HANDLING REQUEST

This form is used to request authorization to accept cash, checks, and/or credit card payments on behalf of the University's Cash Handling Policy for more detail.

Department Head:				
Cash Collection Location:				
Form of Payment to be collecte	ed. (Select all that ap	oply.) Cash	_ Check	Credit Card
low often will the department	accept payments? (One-Time Event _	Part of N	ormal Business
low will these payments be ac	cepted? In-person _	Mail		
o what org and fund will paym	nents be deposited?	Org	Fund	
ustification - Explain why the p	payments can't be co	ollected by the Offi	ce of the Bursar:	
Vill a change fund be required	? Yes <u> </u>	O If yes, prov	ride a justificatior	n in the space below.
Vill a change fund be required	? Yes O No _	O If yes, prov	ride a justificatior	n in the space below.
Vill a change fund be required	? Yes O No _	O If yes, prov	ride a justificatior	n in the space below.
Vill a change fund be required		If yes, prov	ride a justification	n in the space below.
			ride a justification	n in the space below.
Will a change fund be required Department Head Department Vice President	Authori	Dean Senior Vice	President for Fina	Date nce, Date
Department Head	Date Date	Dean Senior Vice	President for Fina	Date nce, Date