

**California State University Long Beach
Satellite Cashiering/Payment Collection Site Cash Handling Procedures
LBF DN, LB49er, LBCMP**

Instructions

Please read and complete the statements below and return the form to the Cashier's Office in Brotman Hall 148.

The Cashier's Office agrees to abide by the following terms:

1. Student I.D. will be recorded on each individual check or money order, preferably in the memo section of the check.
2. Two party checks will not be accepted. (Checks where there are two names as payee.)
3. All checks will be immediately endorsed
4. Cash must be appropriately safeguarded at all times in a secure location, (ex. Locked cabinet or drawer).
5. Deposits must be made to the Cashier's Office in BH 148 based on the following criteria. Facilities with a safe or vault may accumulate collections until they amount to \$5,000 in cash, checks, money orders and warrants. Facilities without a safe or vault may accumulate collections until they amount to \$1,000 in cash, checks, money orders and warrants. Receipts of any amount should be deposited within 5 working days.
6. Transport of cash deposits must be accomplished jointly by at least two employees. When cash deposits exceed \$2,500, employees shall be escorted by campus police.
7. Endorsement stamp and collection sheets will be locked in safe location.
8. Please list at least 2 designees' per cashiering function.
9. Duty Segregation-One person must collect funds, and a different person must transport funds to Cashier's Office for deposit.
10. Any checks received in error must be researched and hand delivered to Cashier's Office for proper routing.
11. Credit Card info is not stored except last four digits, including no CVV#.
12. Areas are subject to a periodic audit and failure to comply with the above will result in cashier privileges being revoked.

Fee Information

Type of fees being collected: _____

Purpose of the fees being collected: _____

Dollar range of fees being collected: _____

Authorized Designees (additional designees use page two)

- | | | | |
|----|--------------|-------------|--------|
| 1. | _____ | _____ | _____ |
| | (Print Name) | (Signature) | (Date) |
| 2. | _____ | _____ | _____ |
| | (Print Name) | (Signature) | (Date) |
| 3. | _____ | _____ | _____ |
| | (Print Name) | (Signature) | (Date) |
| 4. | _____ | _____ | _____ |
| | (Print Name) | (Signature) | (Date) |

Department: _____ Date: _____

Department Head: _____
(Print Name) (Signature)

Cashier Supervisor Approval: _____ Date: _____

Additional Designees

- 5. _____
(Print Name) (Signature) (Date)

- 6. _____
(Print Name) (Signature) (Date)

- 7. _____
(Print Name) (Signature) (Date)

- 8. _____
(Print Name) (Signature) (Date)

- 9. _____
(Print Name) (Signature) (Date)

- 10. _____
(Print Name) (Signature) (Date)

Vault and Safe Combination Holders

Combinations or access codes will be changed when there is a change of staffing with new or terminated employees.

Authorized Designees

- 1. _____
(Print Name) (Signature) (Date)

- 2. _____
(Print Name) (Signature) (Date)

- 3. _____
(Print Name) (Signature) (Date)

- 4. _____
(Print Name) (Signature) (Date)