

**California State University Long Beach
Main Cashier/Satellite Cashiering
Cash and Checks Handling Procedure Agreement
LBFDN, LB49er, LBCMP**

Department: _____

Cash Handling Unit:

Main Cashier **Yes** **No**

Satellite Cashier **Yes** **No**

Type of fees being collected: _____

Peak Periods: (i.e. beginning Semester) _____

Purpose of the fees being collected: _____

Dollar range of fees being collected: _____

I have read the attached SATELLITE CASHIER CASH HANDLING POLICY.

Department Head: _____ **Signature:** _____
(Print name)

Authorized Designees' (more designees' use back of form)

1. _____ Date: _____
(Print name) (Signature)

2. _____ Date: _____
(Print name) (Signature)

3. _____ Date: _____
(Print name) (Signature)

4. _____ Date: _____
(Print name) (Signature)

5. _____ Date: _____
(Print name) (Signature)

6. _____ Date: _____
(Print name) (Signature)

7. _____ Date: _____
(Print name) (Signature)

8. _____ Date: _____
(Print name) (Signature)

9. _____ Date: _____
(Print name) (Signature)

10. _____ Date: _____
(Print name) (Signature)

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. _____ Date: _____
(Print name) (Signature)
2. _____ Date: _____
(Print name) (Signature)
3. _____ Date: _____
(Print name) (Signature)
4. _____ Date: _____
(Print name) (Signature)

Cashier Supervisor Approval: _____ **Date:** _____