



### Cash Collection Point Request Form

Area Requesting Cash Collection Point Exception: \_\_\_\_\_

Contact person: Name (print): \_\_\_\_\_ E-mail: \_\_\_\_\_

Reason(s) why cash collection point is needed:

List the positions involved with the cash collection point and a description of their duties:

Position	Description

How will segregation of duties be maintained?

Describe the reconciliation process,  
including frequency of reconciliation:

Describe the process for safeguarding  
cash, checks and credit card payments  
until they are deposited:

How often will deposits be made?



Chair/Dept Supervisor (Printed name): \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Director (Printed name): \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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Approval:

Granted       Denied      Date: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_ Associate VC for Finance Signature: \_\_\_\_\_

