



Cash Handling Plan

ROUTING	UAR, MSC 4570 uar@nmsu.edu Phone 646-4911 Fax 646-7773
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This exhibit should be submitted whenever cash handling procedures change or a new cash handling function is created; and a Separation of Duties Assignment (Exhibit B) should be submitted whenever staff change.

SECTION 1: REQUESTOR INFORMATION

Name: _____ E-mail Address: _____ Phone: _____

SECTION 2: REQUEST DETAILS

Department/Area: _____

Manager: _____

Effective Date of Plan: _____

1. Indicate the department's intended purpose to collect cash and cash items: (check all applicable boxes)

- Internal Service Center
- Gift Receipts
- Petty Cash or Change Fund
- Other Source, please specify

Provide a brief summary of the type of sales activity or cash collection that is covered by this cash-handling plan (e.g., gift receipt, type of merchandise sales, food sales, type of service, etc.):

2. Have criminal conviction checks been completed on all positions routinely receiving cash and cash items?

Yes No - If no, please explain: _____

3. Separation of Duties Assignment Schedules:

- Complete Exhibit B for sales and service collection and general cash receipting activities.
- Complete Exhibit C for temporary change fund and petty cash funds.

Reminder: no one person should have primary responsibility for duties in all four cash handling functions. Ideally, no one person should have primary duties in more than one section.

4. Is an appropriate endorsement stamp used?

Yes No

Please show stamp imprint below:

5. Indicate the method of recording receipts in person and by mail.

Receipt Type	In Person	Mail
Pre-numbered receipts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash Register or other point of sale system	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Log	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other-please specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Indicate the procedures for reconciling daily receipts: (check one)

- A cash count including reconciliation is performed daily
- A cash count including reconciliation is performed weekly
- Dual cash count of balance reconciliation by record-keeper
- Other, please specify:

7. Indicate the office's deposit procedure: (check one)

- Whenever \$50 or more has accumulated or at least one week
- Daily due to receipt revenue and security
- Weekly because the amount collected is less than \$50
- Other, please specify:

8. Indicate how funds are deposited: (check all that apply)

- Police courier pick-up
- In-person delivery to the Cashier's Office
- Direct Deposit with Bank
- Other, please specify:

9. Cash Collection Volume

	Currency and Check Receipts	Number of Items	Credit Card Receipts	Number of Items	Total Average Collections
Average Daily Collections					
Average Weekly Collections					
Average Monthly Collections					
Average Yearly Collections					

10. Indicate the Index/FOAPAL funds used to record your deposits:

11. Identify or enter the amount of funds maintained by your department?

Fund Type	Amount
Petty Cash Fund	\$
Permanent Change Fund	\$
Temporary Change Fund	\$

12. Are transactions identifiable to a specific cashier? Yes No

13. Security - indicate the type of security your office will have:

Types of Security	
Does your area have a safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the safe bolted to the floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the safe fire resistant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the safe locked when unattended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your office have a locking cabinet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the cabinet fire resistant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the cabinet locked when unattended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limited access to combinations and/or keys?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks are changed when employee turnover occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Document Storage - indicate where the following documents will be stored:

Document Type	Safe	Locked Cabinet
Cash on hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blank and/or cancelled checks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit card documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receipt forms/books	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Departmental Procurement Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

15. List individuals having access to the safe or locking cabinet:

16. Is there a procedure in place to count cash drawers by two individuals on each business day? Yes No

17. Are all staff trained on internal signals and procedures in the event of a robbery? Yes No

SECTION 3: REQUESTOR APPROVAL

Submitter Printed Name: _____ Signature: _____ Date: _____

SECTION 4: OFFICIAL APPROVAL

Cashier Manager Printed Name: _____ Signature: _____ Date: _____