



Separation of Duties Assignment

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| ROUTING | UAR, MSC 4570 uar@nmsu.edu Phone 646-4911 Fax 646-7773 |
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To be used for sales and service collections, cashiering, and general payment receipting activities. **No one person should have primary duties in all four columns.** Ideally, a person should only have primary duties in only one column. A new separation of duties assignment should be completed and submitted to University Accounts Receivable whenever staff change. 1=Staff member primarily responsible; 2=Staff member responsible in his/her absence. Include staff members name whenever possible, otherwise use position titles and position numbers.

SECTION 1: REQUESTOR INFORMATION

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

Department/Area: _____ Manager: _____ Effective Date (mm/dd/yyyy): _____

SECTION 2: REQUEST DETAILS

| Task | Performed by | Task | Performed by | Task | Performed by | Task | Performed by |
|-------------------------------------|--------------|------------------|--------------|-----------------|--------------|--|--------------|
| Receive payments/OTC | 1. | Prepare Deposits | 1. | Deliver Deposit | 1. | Verify/reconcile deposit documents to daily/monthly general ledger | 1. |
| | 2. | | 2. | | 2. | | 2. |
| Receive payments/mail | 1. | Verify Deposit | 1. | | | Review/verify/approve reconciliations | 1. |
| | 2. | | 2. | | | | 2. |
| Verify daily cash count and balance | 1. | | | | | | |
| | 2. | | | | | | |

SECTION 3: REQUESTOR APPROVAL

Requestor

Printed Name: _____ Signature: _____ Date: _____

SECTION 4: OFFICIAL APPROVAL

Responsible Person / Department Head

Printed Name: _____ Signature: _____ Date: _____

Bursar / Designee

Printed Name: _____ Signature: _____ Date: _____