



# Payment Handling Plan

**ROUTING**  
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**Purpose** - This form is to be used when an NMSU department wishes to collect and/or handle payments on a temporary or permanent basis for the purpose of sales and/or services. Prior to requesting approval to collect/handle payments, please thoroughly review the general Cash Safeguarding Manual located at <https://af.nmsu.edu/policy-procedures/>.

This exhibit should be submitted whenever payment handling procedures change or a new payment handling function is created; and a Separation of Duties Assignment should be submitted whenever staff change.

## SECTION 1: REQUESTOR INFORMATION

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## SECTION 2: REQUEST DETAILS

Department/Area: \_\_\_\_\_

Responsible Person / Department Head: \_\_\_\_\_

Effective Date of Plan: \_\_\_\_\_

### 1. The period for collection of payments will be:

- On an on-going permanent basis
- On a short-term temporary basis. Begins on: \_\_\_\_\_ ends on: \_\_\_\_\_

### 2. Indicate the department's intended purpose to collect payments: (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 payment collection that is covered by this payment handling plan (e.g., gift receipt, type of merchandise sales, food sales, type of service, etc.):

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### 3. Check all types of payments that will be collected:

- Paper and Coin Currency
- Checks
- Credit Cards
- EFT Bank Transfers

### 4. Is there a need to have paper and coin currency on-hand to make change?

- No
- Yes – In the amount of \$ \_\_\_\_\_

### 5. List the individual(s) that will directly be responsible for collecting funds:

Name	Title

**6. List the name of the individual who will be responsible for individual(s) collecting cash:**

Name	Title

**7. Is an appropriate endorsement stamp used?**     Yes     No

Please show stamp imprint below:

**8. 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

**9. 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: \_\_\_\_\_

**10. 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: \_\_\_\_\_

**11. 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					

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

Index	Fund	Org

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

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

**14. 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

**15. 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 receipts	<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

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

Name	Title

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

**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: \_\_\_\_\_