



California State University SAN MARCOS

STUDENT FINANCIAL SERVICES CASH COLLECTION ESTABLISHMENT

I. REQUESTOR INFORMATION			
Department Name		PS Department ID	
II. REASON(s) FOR CASH COLLECTION POINT NEEDED			
III. DETAIL			
CASH COLLECTION POSITION/CUSTODIAN NAME & TITLE	DESCRIPTION OF DUTIES	SEGREGATION OF DUTIES CHECK ONE FOR EACH POSITION	
1)		<input type="checkbox"/> Cash Handling <input type="checkbox"/> Deposits <input type="checkbox"/> Reconciliations	
2)		<input type="checkbox"/> Cash Handling <input type="checkbox"/> Deposits <input type="checkbox"/> Reconciliations	
3)		<input type="checkbox"/> Cash Handling <input type="checkbox"/> Deposits <input type="checkbox"/> Reconciliations	
4)		<input type="checkbox"/> Cash Handling <input type="checkbox"/> Deposits <input type="checkbox"/> Reconciliations	
5)		<input type="checkbox"/> Cash Handling <input type="checkbox"/> Deposits <input type="checkbox"/> Reconciliations	
IV. RECONCILIATION FEQUENCY & PROCESS DESCRIPTION			
A) FREQUENCY – Check one <input type="checkbox"/> BY SHIFT END <input type="checkbox"/> AT DAY-END <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY			
B) PROCESS DESCRIPTION			
V. DEPOSIT SCHEDULE – Check One			
<input type="checkbox"/> DAILY	<input type="checkbox"/> WITHIN 24 HOURS	<input type="checkbox"/> WITHIN TWO (2) BUSINESS DAYS	<input type="checkbox"/> WITHIN THREE (3) BUSINESS DAYS
VI. APPROVING AUTHORITY			
PRINT NAME		EXT	
SIGNATURE		DATE	
STUDENT FINANCIAL SERVICES ONLY			
DATE APPROVED _____	COMMENTS	APPROVING SIGNATURE	
DATE DENIED _____			

Contact Student Financial Services at 760.750.4490 if you have any questions.