

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

REQUEST FOR AUTHORIZATION for Satellite Cashier Location

Please complete the statement below and return the form to the
Manager, Student Financial Services WH B270

Department requires that a satellite cashier location be authorized for the
purpose of:

This location will be located at:

This location will secure cash receipts in the following device which will allow for single custody access only to
the designated persons

Safe/Vault

Fire proof file cabinet

Other:

The average daily receipts in this location will be

This location will accept:

Currency and coin

Checks

If approved, the Satellite location will:

- 1) Receive and use an endorsement stamp for all incoming checks. The department will pay the cost of the endorsement stamp.
- 2) Provide numbered receipts for all on-site transactions
- 3) Reconcile funds received daily to an internal document that tracks the collections
- 4) Deliver funds to SFS Cashiers' Office weekly or whenever cash exceeds \$500 using secured transport.
- 5) Provide a SFS Cashiers' transmittal form which will
 - i) Identify the department, location, contact person and phone number
 - ii) Identify the chart field for the funds
 - iii) Itemize cash received (accepted subject to verification)
 - iv) Provide a tape listing of all checks received
 - v) Provide a total of funds received subject to verification.
- 6) Provide secure overnight storage in a vault or fire proof cabinet that isolates the cash assets collected and endorsement stamp(s) to only authorized persons.
- 7) Request any cashier training from SFS Cashiers' Office

Manager/Authorized Person

date _____

(Signature)

AUTHORIZATION for Satellite Cashier Location

The Manager, Student Financial Services has determined that has met the criteria established for a satellite cashier location as described on the reverse side of this form. The department has requested the following individuals be authorized to provide cashiering services, handle funds, and manage the transport of funds to SFS Cashiers' Office.

By signing below the designee agrees to follow all CSU required procedures for the handling of cash assets.

AUTHORIZED DESIGNEES:

- 1. _____ Date _____
(Typed Name) (Signature)
- 2. _____ Date _____
(Typed Name) (Signature)
- 3. _____ Date _____
(Typed Name) (Signature)
- 4. _____ Date _____
(Typed Name) (Signature)
- 5. _____ Date _____
(Typed Name) (Signature)
- 6. _____ Date _____
(Typed Name) (Signature)
- 7. _____ Date _____
(Typed Name) (Signature)

I agree to accept the responsibility for a satellite Cashier Location and to adhere to any audit or compliance requirements established by the CSU or the Chief Business Officer of the campus. I have also received a copy of the procedures currently required to operate this satellite location.

_____ Date _____
Department Head

I concur with this request and have or will provide requested training for this location.

Reviewed by: _____ Date _____
Manager-Student Financial Services

Approved by: _____ Date _____
Director of Accounting Services