



REQUEST TO ESTABLISH/MAINTAIN CASH HANDLING UNIT

Form-
6200.00-A
v 1.3

Submission: Submit this form along with the Cash Handling Review Questionnaire and the Segregation of Duties Matrix to cashier@sonoma.edu.

SECTION A. (General Information)

Type of Request: New or Renewal/Modification

Cashiering activities on a regular basis: *Satellite Cashier Unit* Minimal/Occasional cashiering activities: *Departmental Cashier Unit*

Department Name: _____

Cash Handling Unit Location: _____

Merchant Department Responsible Person (MDRP): _____ Phone: _____
 Email: _____

Describe the goods, services, and/or donation which you will receive payments for. Please be specific:

Describe security arrangements for cash collection point (i.e., locked cash box, cash register, safes, etc.)

Expected frequency of collections: Daily 1-2 times a week 3-4 times a week One Time Event Other (describe): _____

Avg. \$ per frequency: \$0-\$99 \$100-\$249 \$250-\$499 \$500-\$999 \$1,000-\$2,499 > \$2500

Does the department accept cash? Cash Checks

Will debit/credit card payments be accepted? Yes No
 If yes, complete Section B. If no, skip to Section C.



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SECTION B. (Credit Card Processing Information)

How will you accept credit cards: In-Person Internet/eCommerce POS Software
 Telephone Mail Fax

Debit/credit card acceptance methods (check all that apply):

- Cardholder data is swiped through a standalone, dial-out payment terminal which is **NOT** connected to the internet or to any other system within the environment such as CashNet, AudienceView, or Sequoia. Provide Serial # for **each** device below:



Make and model # of payment terminal(s): _____ How many? _____
Serial # _____ Serial # _____ Serial # _____
Serial # _____ Serial # _____ Serial # _____

- Cardholder data is obtained using imprint machines and submitted to the Cashier's Office for payment processing.



- Cardholder data is obtained or written manually on paper documents or entered into an electronic format for printing only (but not saved or stored) and submitted to the Cashier's Office for payment processing.



- Cardholder data is obtained through a card swiper attached to an iPad.
Identify payment processor: _____ iPad serial #(s): _____
Card Swipe Make/Model: _____ Encrypted?: _____



- Cardholder data Is NOT obtained, the customer enters their cardholder data directly into an internet based eCommerce webpage payment application.

Please indicate payment application used:

CashNet Other (i.e. AudienceView, etc.) (Describe): _____

- Other (Describe): _____

Please indicate the *estimated* annual dollar volume and number of transactions for each applicable credit card acceptance process noted below:

In Person	\$ _____	Transactions # _____
Mail/Phone/Fax	\$ _____	Transactions # _____
Internet/eCommerce	\$ _____	Transactions # _____



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SECTION C. (Questionnaires)

Please attach the two forms below to your request form.

Cash Handling Review Questionnaire (Attachment A)

Cash Handling Segregation of Duties Matrix (Attachment B)

SECTION D. (Cash Handling Procedures)

All Cash Handling Units should submit the procedures that will be used or are being used to process payments. The procedures should include:

- Cash receipts collection process
- Deposit preparation and deposit process
- Review and reconciliation process
- Ensure position titles are used to describe who performs specific duties and to describe the individuals who are approving deposits, voids, etc.
- Procedures should be approved by MDRP by way of signature

Cash Handling Units who have already submitted cash handling procedures and where those procedures have not changed do not have to re-submit the procedures.

Cash Handling Procedures are Attached

Cash Handling Procedures Already Submitted, No Changes to Procedures



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SECTION E. (Signatures and Approvals)

I am NOT aware of any unauthorized bank accounts being used within the department.
(Departments are not authorized to create any bank or online account to collect monies for University or Auxiliary related functions or activities. Please report any known accounts to the Cash Handling Coordinator in Financial Services at cashier@sonoma.edu.)

Signatures:

_____	_____	_____
MDRP	Signature	Date
_____	_____	_____
Dean/Sr. Director	Signature	Date

By signing this form, the MDRP and Dean/Senior Director acknowledges that he/she understands his/her role as outlined in the Administration and Finance [Cash Handling Procedures](#), and accepts responsibilities for that role.

Please submit completed form to the Cash Handling Coordinator at cashier@sonoma.edu. Questions can be directed to the Cash Handling Coordinator via email at cashier@sonoma.edu or phone at x2046.

Recommendations for Approval:

Comments:

_____	_____	_____
Cash Handling Coordinator	Signature	Date
_____	_____	_____
PCI Data Authority (if applicable)	Signature	Date

Approval:

Request Approved: Request Denied:

_____	_____	_____
Chief Financial Officer or Designee	Signature	Date