

Departments seeking to collect cash must be approved by the Office of the Controller. Please complete and submit the following application form and the Department's Cash Collection Procedures to Quality Assurance Services, Office of the Controller, at gasreq@fiu.edu. Please read the [Cash Control Policy Statement](#) prior to completing this application to make sure that your Department will be able to comply with all the requirements listed on this University Policy. For assistance or questions regarding this form, please contact [Quality Assurance Services](#) at (305) 348-3888.

1. College/Division Name _____

2. Department Name(s) _____

3. Location of Cash Collection Point(s) _____

4. Provide a brief description of the activities that will generate the collection of cash.

5. Estimated annual amount to be collected: \$ _____

6. Type of collection point:
 Temporary (i.e. one-time event)
 Permanent

7. Frequency of collections:
 Daily Annually
 Weekly Other _____
 Monthly

8. Forms of payment to be accepted:
 Currency Credit Cards
 Checks Other _____
 Money Orders

9. List the Activity and/or Project ID number(s) where deposits will be recorded.

Activity/Project Number		

10. List the primary and back-up employees performing cash handling duties to ensure that proper segregation of duties will be maintained.

NOTE - The ideal separation of duties has three distinct employees performing the tasks of collections, deposits and reconciliations. The three-way separation is the safest and most accepted internal control measure. If there are insufficient personnel, a two-way separation can be used. In the two-way separation the same individual can perform the tasks of both collections and deposits; however, the reconciliation task must be completed by a separate individual.

Collections

	Employee Name	Position Title
Primary		
Backup		

Deposits

	Employee Name	Position Title
Primary		
Backup		

Reconciliation

	Employee Name	Position Title
Primary		
Backup		

Prepared by: _____ Phone: _____ Date: _____

Approved by: _____ Phone: _____ Date: _____

For Office Use Only:

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reviewed by: _____	Date: _____
Reason for denial:			