

New Mexico State University
University Accounts Receivable
Cash Handling Plan

This exhibit should be submitted whenever cash handling procedures change or a new cash handling function is created; and a Separation of Duties Assignment (Exhibit B) should be submitted whenever staff change.

Department/Area: _____

Manager: _____

Effective Date of Plan: _____

1. Indicate the department's approval to collect cash and cash items: (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 cash collection that is covered by this cash-handling plan (e.g., gift receipt, type of merchandise sales, food sales, type of service, etc.)

Four horizontal lines for providing a summary of sales activity or cash collection.

2. Have criminal conviction checks been completed on all positions routinely receiving cash and cash items?

Yes No ~ if no, please explain

3. Separation of Duties Assignment Schedules:

Complete Exhibit B for sales and service collection and general cash receipting activities. Complete Exhibit C for temporary change fund and petty cash funds.

Reminder: no one person should have primary responsibility for duties in all four cash handling functions. Ideally, no one person should have primary duties in more than one section.

4. Is an appropriate endorsement stamp used? Yes No

Please show stamp imprint below:

5. Indicate the method of recording receipts in person and by mail.

Receipt Type	In person		Mail	
	Yes	No	Yes	No
Pre-numbered receipts	Yes	No	Yes	No
Cash Register or other point of sale system	Yes	No	Yes	No
Log	Yes	No	Yes	No
Other- <i>please specify</i>	Yes	No	Yes	No

6. 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*

7. Indicate the office's deposit procedure: (check one)

- Whenever \$50 or more has accumulated or at least one week
- Daily due to receipt revenue and security
- Weekly because the amount collected is less than \$100
- Other, *please specify*

8. 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*

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	\$		\$		\$

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

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

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

12. Are transactions identifiable to a specific cashier? Yes No

13. Security - indicate the type of security your office will have:

Types of Security		
Does your area have a safe?	Yes	No
Is the safe bolted to the floor?	Yes	No
Is the safe fire resistant?	Yes	No
Is the safe locked when unattended?	Yes	No
Does your office have a locking cabinet?	Yes	No
Is the cabinet fire resistant?	Yes	No
Is the cabinet locked when unattended?	Yes	No
Limited access to combinations and/or keys?	Yes	No
Locks are changed when employee turnover occurs?	Yes	No

14. Document Storage - indicate where the following documents will be stored:

Document Type	Safe		Locked Cabinet	
	Yes	No	Yes	No
Cash on hand	Yes	No	Yes	No
Blank and/or cancelled checks	Yes	No	Yes	No
Credit card documentation	Yes	No	Yes	No
Receipt forms/books	Yes	No	Yes	No
Departmental Procurement Card	Yes	No	Yes	No

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

16. Is there a procedure in place to count cash drawers by two individuals on each business day?

Yes No

17. Are all staff trained on internal signals and procedures in the event of a robbery?

Yes No

Name of individual Submitting Plan:	
Signature:	
Date:	
Phone Number:	
E-mail Address:	
Cashier Manager Approval Signature:	
Date:	