

PEPPERDINE UNIVERSITY

AUTHORIZATION REQUEST FOR DEPARTMENT TO ACCEPT CASH

Select all the following forms of payments your department is requesting to accept:

- | | |
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| <input type="checkbox"/> Cash | <input type="checkbox"/> Credit Card Terminal with Pepperdine Merchant ID |
| <input type="checkbox"/> Checks | <input type="checkbox"/> Credit Card Web with Pepperdine Merchant ID |
| <input type="checkbox"/> Credit Card Deposits to Cashier's Office | <input type="checkbox"/> Credit Card Web via Third Party |

Department _____

Accept cash for the purpose of _____

Statement of Responsibility and Instructions

By accepting the responsibility of Cash Custodian, I agree to be personally accountable for the appropriate care and timely deposit of University cash received by my department. I agree that the physical security arrangements available to me for the care of the funds are adequate for me to accept the responsibility as Cash Custodian (if I find appropriate storage and working security is not available, I would not accept the funds). I further agree that if these funds are lost or stolen, I will immediately report it to my supervisor and the Public Safety Office. I will be responsible for complying with and training designated employees in the Cash Handling policies and procedures. I will also be responsible for developing detailed written departmental operating procedures.

As Cash Custodian, I understand I will be responsible for the **daily** deposits. Deposits must be submitted to the Cashier's Office, each day, before 11:00 a.m. A second deposit may be required, if \$500 or more is accumulated prior to the end of the day. If there is no daily deposit an email communication, to the Cashier's Office, cashier@pepperdine.edu, is required. Additionally, a back-up Cash Custodian is identified in the event that I am unavailable.

I understand the deposit must include funds for deposit and a completed **Deposit Form**. In addition, a **Cash Count Form** must be included for all currency and coin deposits. Credit Card deposits (Visa and MasterCard) are to be submitted using the **Credit Card Deposit Form**. All deposits must be delivered in a locked cash bag or sealed plastic bag that has been provided by the Cashier's Office. The locked cash bag with receipts will be returned or ready for pick-up the next business day.

If a change in Cash Custodian is required, I am responsible to inform the Controller's Office. I will not transfer the responsibility to the new **Cash Custodian**.

I certify that I have received, read, understand, and will comply with the University's Cash Handling Policies and Procedures. I have read the above and acknowledge receipt of a copy of this agreement.

<i>Cash Custodian (Signature)</i>	<i>Print Name</i>	<i>Date</i>	<i>Extension</i>
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<i>Back-Up Cash Custodian (Signature)</i>	<i>Print Name</i>	<i>Date</i>	<i>Extension</i>
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<i>Approver (Signature)</i>	<i>Print Name</i>	<i>Date</i>	<i>Extension</i>
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<i>Director Credit and Accounts Receivable (Signature)</i>	<i>Print Name</i>	<i>Date</i>	<i>Extension</i>
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Return Completed Form to the University Controllers Office - Mail Code 4497