UWSP Cash Handling Unit Memorandum of Understanding

Date:	Contact Name:
Department Name:	Contact Phone Number:
Department ID (UDDS):	Contact Email:
Department Physical Address:	Alternate Contact Name:
Department Head/WISER Manager Name:	Dept. Head/WISER Manager Signature:

Controller Approval:	Date:

Department Reason(s) for collecting funds, and types of funds accepted:

Safekeeping and Depositing of funds:

DAILY INTERNAL CONTROLS:

April 14, 2022

• <u>CHANGE FUND</u>:

• TRANSPORT METHOD:

• <u>SUPPORTING RECORDS/DOCUMENTATION</u>:

RECORD RETENTI		necks and cash re	eceipts for currer	will keep a copy of it year plus six (6) yea
department is sou	urce.			
CASH HANDLING	POLICY:			

General Requirements:

is aware of and complies with all
 Handling Policy.
ovides cash handling training online, however ons is a training and procedural resource to
does not make payments,
ds collected.
posits all funds collected with UWSP at least
does not pay refunds with funds collected.
Services.
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retains records of all receipts, sales,
ar, plus six (6) years. Records related to Merchant
must review and update these procedures
s change, and submit updated versions to