

Cash Handling Authorization Form

This form is to be completed prior to any university employee handling university funds, in any form, and must be re-submitted annually.

Employee Name: _____ Empl ID: _____

Department Name: _____ Department ID: _____ Fiscal Year: _____

TYPES OF CASH RESPONSIBILITIES AUTHORIZED

Change Fund Use Cash and/or Check Receipts (Click for definition of " Cash Receipts. ") Credit Card Receipts	Other Please specify: _____
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Physical Security of Funds (Dept/room/safe): _____

Cost Center(s) (attach a separate listing, if more space is needed): _____

I hereby certify and acknowledge the following:

1. I have completed the required annual, mandatory online Cash Handling training for the current fiscal year (either CFXX10 UHCL Change Fund & Cash Security Procedures or CFXX11 UHCL Change Fund, Cash Security and Deposit Procedures. "XX" refers to the current fiscal year) and at least one credit card course if the Credit Card Receipts box above has been checked (SFXX07, SFXX08, or SFXX09).
2. I have received a copy of my department's Cash Handling Policies and Procedures.
3. I have read and reviewed the [UHCL Cash and Check Management](#).
4. I am aware of the UH System Cash Handling Policies and Procedures (www.uh.edu/sam), including:
 - a. [UH SAM 01.C.04](#) – Reporting/Investigation Fraudulent Acts
 - b. [UH SAM 03.F.04](#) – Cash Handling
 - c. [UH SAM 08.A.03](#) – Gift Acceptance-Gifts from Individual Donors
5. I accept responsibility for the funds and the accounting thereof under my control, in accordance with these policies and procedures.

Certification and Approval Signatures:

Cash Handling Custodian/ _____ Title _____ Date _____
 Change Fund Custodian: _____

Department Head/Custodian's _____ Title _____ Date _____
 Supervisor if Custodian is Dept Head: _____

Business Administrator: _____ Date _____

Submit this completed form to General Accounting – Mail Code 104 or via email to GeneralAcctg@uhcl.edu for review and AVP-Finance approval.

General Accounting 281-283-2050 Mail Code 104 North Office Annex II ~ [For questions contact General Accounting](#)

FOR OFFICE USE ONLY: Received in GA: _____ CH course _____ completed

Approved by: _____ Date _____
 Associate VP, Business Operations or designee