

University of North Carolina - Wilmington

ADDENDUM FOR INITIAL DEPARTMENTAL RECEIPTING PRIVILEGES

Complete this form if controller has directed department that initial departmental receipting purpose has been approved.

TO: Controller

FROM:

DATE:

Department Name: _____ Contact: _____ Ext: _____

| Employee Authorized to Receive Deposits | Job Title | Telephone Ext. | Email Address |
|---|-----------|----------------|---------------|
| PRIMARY: | | | |
| | | | |
| ALTERNATE(S): | | | |
| | | | |
| | | | |
| | | | |

Note: The primary contact person denotes the person responsible for overseeing the receipting activity and maintaining a receipting process consistent with university policy and cannot be the reconciler or budget authority.

| Purpose of Receipting (Required) | Banner Fund Code(s) to Receive Funds | Banner Org Code(s) to Receive Funds | Banner Account Number(s) to Receive Funds |
|----------------------------------|--------------------------------------|-------------------------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |

Upon approval of departmental receipting privileges granted by the Controller, I am aware and agree to the following:

- UNCW 05.141 Departmental Receipts Policy and Departmental Receipts Procedure must be read and followed
- Departmental receipting person must be separate from the budget authority and reconciler
- Departmental receipting privileges must be renewed annually and/or updated when Departmental receipting person or budget authority changes
- Required to attend mandatory departmental receipt training
- Periodic audits of records and procedures may be performed by Controller and/or Internal Audit depts.
- Departmental receipting privileges will be revoked immediately if the responsibilities outlined above are not adhered

Final approval of departmental receipting privileges will be granted by the Controller upon completion of the following:

- Attended departmental receipt training session
- Endorsement stamp ordered from the Cashiers Office
- Banner Fund Codes provided above
- Departmental Receipting Requirements on page 2

DEPARTMENTAL RECEIPTING REQUIREMENTS

Prior to granting departmental receipting privileges, the following questions must be answered to properly evaluate your needs.

- What type of receipts will be received?

| | |
|---------------|---|
| Cash | Credit Card Must have prior approval from Controller to accept credit cards (check all that apply) |
| Check | Web |
| UNCW One Card | POS Terminal |
| ACH/Web Check | |

- How often will the department receive receipts?

| | |
|--------|-----------------------|
| Daily | Monthly |
| Weekly | Other, specify: _____ |

- For the period checked above, what is the anticipated average amount of receipts? \$ _____

- Who are the receipts received from?

| | |
|---------------|-----------------------|
| Faculty/Staff | Participants |
| Students | Customers/Vendors |
| Staff | Other, specify: _____ |

- How are the receipts received?

| | |
|-----------|---|
| In Person | Phone (requires POS machine to enter credit card info) |
| Mail | Web |

- What equipment is being used to process transactions?
 - Cash Register
 - Cash Register with Credit Card Processer
 - Credit Card Processor (POS) terminal type/number _____
 - UNCW One Card Reader

- How will all undeposited receipts be safeguarded?

Locked safe in Building _____ Locked Room No. _____

- Where will your receipts activity be performed?

On campus, Building _____ Office _____

Off campus address _____

- Does the depositor (employee) have or perform any of the following?
 - Delegated signature authority for supervisors/managers
 - Prepare miscellaneous billings, specify method: _____
 - Custodian of a petty cash fund
 - Reconcile departmental Banner Fund

- Who will perform the following functions within your department? (employee name)
 - Receipting of funds _____
 - Recording deposit (log) _____
 - Depositing of funds _____
 - Transporting of funds _____
 - Reconciling deposit to Banner Fund _____

Receipting person cannot reconcile nor have budget authority

Approved by _____ Date _____
 Department Head/Budget Authority

Authorized by _____ Date _____
 Controller