



P.O. Box 2640, State University, AR 72467 o: 870-972-2285 f:870-972-3068 email: sasbillpayment@astate.edu

		n Point Request Form	
Area Requesting Cash Collection Point	Exception:		
Contact person: Name (print):	<u>E-mail:</u>		
Reason(s) why cash collection point is needed:			
List the positions involved with the cas	sh collection point	and a description of their duties:  Description	
How will segregation of duties be maintained?			



## TREASURER'S OFFICE

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email: sasbillpayment@astate.edu Describe the reconciliation process, including frequency of reconciliation: Describe the process for safeguarding cash, checks and credit card payments until they are deposited: How often will deposits be made?



## **TREASURER'S OFFICE**

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Chair/Dept Supervisor (Printed name):	Signature:	
Title:	Date:	
Dean/Director (Printed name):	Signature:	
Title:	Date:	
Ammanala		
Approval:  ☐ Granted ☐ Denied Date:		
Treasurer's Signature:	Associate VC for Finance Signature:	

List of persons handling cash				
<u>Name</u>	<u>Position</u>	<u>e-mail</u>		
****You are responsible for letting us know if anyone needs to be added to this list during the year by e-mailing:				
Jennifer Benson (jbenson@astate.edu) or Toni Holt (tholt@astate.edu)				
We will need to make sure that they complete training.				