|  |  |  |
| --- | --- | --- |
|   |  | **Office of University Bursar**800 Washington St SW (0143)Student Services Building, Suite 150Blacksburg, Virginia 24061P: (540) 231-6277 F: (540) 231-3238bursar@vt.edu |

**Funds Handling Plan**

Department Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head, Director or Manager Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date of Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Provide a brief summary of the type of cash collections or sales that are covered by this plan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have criminal conviction checks been completed on all positions that handle funds?

(Circle one) YES NO

1. Indicate the method of recording receipts (in-person, mail, or both)
* Prenumbered Manual Receipts
* Cash Register
* Mail Log
* Other, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are transactions identifiable to the specific cashier? (Circle One) YES NO
2. Is an endorsement stamp used? (Circle One) YES NO

## The Endorsement Stamp should include at a minimum

 *“For Deposit Only, (Department Name), Virginia Tech”*

|  |
| --- |
|  |

 Enter the endorsement stamp in the box:

1. Type of Security (Circle all that apply)

# Safe

Is the safe bolted to the floor? YES NO

Is the safe fire resistant? YES NO

Is the safe locked when unattended? YES NO

# Locking File Cabinet

 Is the cabinet locked when unattended? YES NO

 Is the cabinet fire resistant? YES NO

 Locking Box

 Is the box locked constantly? YES NO

 Is the box kept out of view of unauthorized personnel? YES NO

### Locks/Combinations

Is there limited access to combinations and keys? YES NO

Are locks/combinations changed when employees leave? YES NO

1. List the names of persons having access to the safe, locking file cabinet or locking box:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Separation of Duties - The function of cash handler, depositor, reconciler (reconciles deposits to the financial reports) and Department Head, Director or Manager should be assigned to four separate individuals.

List the number of employees for each funds handling function.

* + - * Cash Handler \_\_\_\_\_\_\_\_\_\_\_\_
			* Depositor \_\_\_\_\_\_\_\_\_\_\_\_
			* Reconciler \_\_\_\_\_\_\_\_\_\_\_\_
			* Dept Head, Director, or Manager \_\_\_\_\_\_\_\_\_\_\_\_
1. Do you have back-up staff if one of the above is out of the area for an extended period of time?

(i.e. vacation, sick leave, etc) (Circle one) YES NO

 *When staffing levels do not permit separation of duties, compensating controls such as strict individual accountability and daily management review and supervision should exist.*

 If no, please specify compensating controls: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Are written departmental funds handling procedures available for each person responsible for the funds handling functions? (Circle one) YES NO

11. How are funds deposited (check all that apply)?

* In-person delivery to the Customer Service area, Office of the University Bursar
* Drop box – Student Services Building (no cash)
* Mail (no cash)
* Direct Deposit with the bank (police courier)
1. Do you use a petty cash change fund in your business operation?

(Circle one) YES NO

* Amount of the fund $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name of the fund custodian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Is staff trained on procedures in the event of a robbery?

(Circle one) YES NO

Submitted by: Reviewed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name and Date Office of the University Bursar and Date

Mail the completed form to the Funds Handling Compliance Accountant, Office of the University Bursar.

Address: 150 Student Services Building, Mail Code 0143, Blacksburg, Virginia 24061

If questions, call 540-231-6277