



**UNIVERSITY OF MASSACHUSETTS DARTMOUTH
CASH RECEIPTING REQUEST FORM**

DATE: _____

FROM: _____

Contact Person: _____

Telephone Number: _____

Description of Cash Collection Activity:

Date of Activity: _____

Have you read/understand UMD Cash Collections Policies & Procedures? _____

Persons who will be involved with cash collections at event:

Description of each of their duties:

A description of the reconciliation process, including frequency of reconciliation:

A description of the security for safeguarding cash until it is deposited:

How often will cash deposits be made?

Requestor sign here _____

Department Approval _____

Printed Name _____ **Title** _____

Controller Approval _____