



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

**DATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**Department or Club Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Speedtype deposit will be credited to:** \_\_\_\_\_

**Description of Cash Collection Activity:**

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

**Date(s) of Activity:** \_\_\_\_\_

**Have you read/understand UMD Cash Collections Policies & Procedures?** \_\_\_\_\_

**Persons who will be involved with cash collections at event (must be more than one):**

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

**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:**

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**How often will cash deposits be made?**

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**Describe in detail what the funds will be used for:**

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**Will you be requesting a cash box from UMass Pass? \_\_\_\_\_ NO \_\_\_\_\_ YES**

**If Yes, please state how much and in which denomination:**

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**Requestor sign here \_\_\_\_\_**

**Printed Name \_\_\_\_\_**

**Department Approval \_\_\_\_\_**

**Printed Name \_\_\_\_\_ Title \_\_\_\_\_**

**Controller Approval \_\_\_\_\_ Date \_\_\_\_\_**