

Cash Handling Authorization Form

This form is to be completed prior to any university employee handling university funds, in any form. The form should be completed by the employee's supervisor and maintained by the supervisor.

This form is available at: budget.unt.edu

Employee Name: _____ Empl ID: _____
 Department Name: _____ Department ID: _____ Date: _____

SECTION A – To be completed by the Employee

- I have completed Cash Handling Training for the current fiscal year, and understand that it is my responsibility to attend training annually.
- I have received a copy of my department's Cash Handling Policies and Procedures.
- I am aware of, and have read and reviewed UNT's Cash Handling policies and procedures.
 - a. [10.006](#) – Cash Handling Controls
 - b. [10.017](#) – Petty Cash, Demand Deposits, Working Funds
 - c. [10.024](#) – Sales and Receipt of Funds
 - d. [10.035](#) – Accepting Credit Cards
 - e. UNT Procedures for Cash Handling Controls
- I accept the responsibility for the funds and the accounting thereof under my control, in accordance with these policies and procedures.

Employee Signature _____ Title: _____ Date: _____

SECTION B – To be completed by the Employee's Supervisor

This employee is authorized to accept cash for University business in accordance with Policy 10.006 Cash Handling Controls, and has attended Cash Handling Training. I understand that each employee authorized to handle cash must attend annual Cash Handling Training.

Supervisor Signature _____ Title: _____ Date: _____

SECTION C – To be completed by the Petty Cash or Change Fund Custodian, if fund exists. (Leave blank if your department does not have a petty cash or change fund).

This employee is authorized to handle petty cash or change fund for University business in accordance with Policy 10.017 Petty Cash, Demand Deposits, and Working Funds, and has attended Cash Handling Training. I understand that each employee authorized to handle cash must attend annual Cash Handling Training.

Custodian Signature _____ Title: _____ Date: _____

A copy of this form should be maintained by the employee's supervisor in accordance with [UNT Policy 04.008](#), Records Management and Retention.