

DEPARTMENTAL DEPOSIT DROP-OFF CERTIFICATION

- ❑ I understand the cash receipt process and timelines discussed in [Policy 210, Cash Receipts](#).
- ❑ I understand that it is the department's responsibility to review their fund ledgers to confirm deposit activity.
- ❑ I understand if my department elects to drop off deposits we are responsible for purchasing locked deposit bag(s) or approved tamper-evident disposable deposit bags.
- ❑ I understand that if my department elects to drop off deposits we agree to assume responsibility for discrepancies encountered by the Cashier's Office while processing the deposit.
- ❑ I understand that if my department continually presents payment deposit slips that contain discrepancies we may lose the ability to drop off deposits.

Name of Dean or Department Head (PLEASE PRINT)

Signature of Dean or Department Head

Date

Title & Department