MAP 03.A.45
UNIVERSITY OF HOUSTON CLEARLAKE
Request for Establishment or Modification, Acknowledgement of Receipt of Funds, Completion of required training, and / or Cash Policies and Procedures Certification

NOTE: Proof of completion of cash handling training requirements by custodian and cash handlers must be submitted to General Accounting along with the Change Fund Request for newly established change funds or when naming new cash handlers.

SECTION I: ACTION REQUEST

ACTION REQUESTED FOR FY **FOR**

☐ Establish New Fund ☐ Close Existing

☐ Fund Annual Reauthorization of Existing Fund

☐ Modify Existing Fund From $ To $

☐ Add Cash Handler

TYPE OF CASH RESPONSIBILITY

☐ Change Fund Amount: $

PURPOSE OF FUND: _____

_____

PHYSICAL LOCATION OF FUND: _____

_____

COST CENTER: _____

SECTION II: Fund Custodian Certification and Approval

I hereby certify that I am an employee that has been authorized to serve as custodian of a Departmental Cash Fund and acknowledge receipt of the fund. I have completed online cash handling certification training prescribing the management of cash and agree to accept responsibility for the accounting and control of the cash in accordance with policies and procedures. These policies and procedures include MAP 03.A.45 – Cash Handling; UH System Administrative Memorandum 03.F.01 – Gift Acceptance Policies; UH System Administrative Memorandum 01.C.04 – Reporting /Investigating Fraudulent Acts**;** and any specific College /Division /Department Cash Handling Policy and Procedures.

_____ _____

Custodian Name, Please Print Custodian Signature & Date

SECTION III Cash Handler(s) Certification and Approval

I hereby certify that I am an employee that has been authorized to handle cash by the fund custodian and department head. I have completed online cash handling certification training prescribing the management of cash and agree to accept responsibility for the accounting and control of the cash in accordance with policies and procedures. These policies and procedures include MAP 03.A.45 – Cash Handling; UH System Administrative Memorandum 03.F.01 – Gift Acceptance Policies; UH System Administrative Memorandum 01.C.04 – Reporting /Investigating Fraudulent Acts**;** and any specific College /Division /Department Cash Handling Policy and Procedures.

Employee Name, Please Print	Employee Signature & Date
Employee Name, Please Print	Employee Signature & Date
Employee Name, Please Print	Employee Signature & Date
Employee Name, Please Print	Employee Signature & Date
Employee Name, Please Print	Employee Signature & Date
Employee Name, Please Print	Employee Signature & Date
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Employee Name, Please Print	Employee Signature & Date
Employee Name, Please Print	Employee Signature & Date

SECTION IV: Certification and Approval

1.

Custodian Name, Please Print	Custodian Signature & Date
Custodian Phone	Custodian Mail Code

2.

College/Division Business Administrator Name, Please Print	C/D BA Signature & Date
C/D BA Phone	C/D BA Mail Code

3.

Department Head Name, Please Print	Department Head Signature & Date
Department Headphone	Department Head Mail Code

The completed form must be e-mailed to UHCL General Accounting GeneralAcctg@UHCL.edu when establishing a new fund, changing the fund custodian, during annual reauthorization, or when adding cash handlers for your College / Division.

CC: College Dean / Division Vice President

Business Operations Use Only

Date of Receipt by the General Accounting Office: _____

Director - General Accounting Approved: _____ Date: _____

Associate VP – Business Ops Approved: _____ Date: _____

For New Funds or Closing Existing Funds (Confirmation of distribution or receipt of funds)

Director -Student Business Services: _____ Date: _____