

# The University of Texas at San Antonio

## Departmental Cash Handling Security Policy

**Instructions:** Complete the fields below. The purpose of this policy is to detail how your department will ensure the safety and security of cash, checks and credit card information — such as numbers and expiration dates — from internal or external unauthorized users. Once completed and signed, attach this form to the Departmental Cash Handling Request Form and send to Financial Services and University Bursar via campus mail at JPL 4.04.16, attn: Gary Lott.

1. Enter your department/division name:

2. Select the type of payment(s) your department will accept on behalf of UTSA (check all that apply):

Currency

Check

Credit card

3. How often will your department accept the payment method(s) above? Is this for a one-time or ongoing event?

One-time event

On-going

4. Describe the reason for accepting payments. For example, seminar series.

5. Select the method in which your department will accept payments (check all that apply):

In-person

By-mail

By-phone

6. Describe where physical documents gathered for this payment process will be stored?

**NOTE:** Physical documents must be kept in a locked area or cabinet.

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7. Enter the name(s) and job titles of employees who will have access to this secured location:

Name	Job Title

8. In accordance with the institutional Records Retention Schedule:

<p>a. All physical and electronic records retained in our office will be kept for the current fiscal year <b>and</b> for the next three fiscal years.</p> <p><b>NOTE:</b> Credit card receipts containing customer signatures must be retained in the event of a customer initiated dispute.</p>	<p>Agree</p> <input type="checkbox"/>
<p>b. Credit card information such as credit card numbers and expiration dates will be shredded after the transaction is completed.</p>	<p>Agree</p> <input type="checkbox"/>
<p>c. Credit card information stored on local hard drives will be properly secured and properly disposed. If any confidential credit card information is temporarily stored on a local hard drive, the computer will be locked down.</p> <p><b>NOTE:</b> Hard drives must be wiped clean before disposal.</p>	<p>Agree</p> <input type="checkbox"/>

\*Enter any additional information below:

**Complete #9-13 only if your department will accept credit card payments on behalf of UTSA.**

9. Select the method in which your department will process credit card payments.

**NOTE:** Cash and checks must be processed at Fiscal Services.

10. If **Online with 3<sup>rd</sup>-party vendor** was selected above, enter the vendor name and describe how reports are generated.

**EXAMPLE:** PayPal provides settlement and detail reports on their website, which we will download each day there is activity.

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11. Describe how your department will ensure that all credit card files will include no more than the first four digits and the last six digits of a credit card number and no portion of the expiration date.

**NOTE:** Credit card slips from departmentally owned machines only print the last four-digits of a credit card number.

12. If our department processes credit card payments using a dedicated credit card machine or a 3<sup>rd</sup> party vendor, we will also ensure that a settlement process is performed each day that credit card transactions are performed.

Agree

13. A Deposit Transmittal Form will be completed and submitted within one business day that credit card transactions are processed to ensure our university account is credited.

Agree

**Complete #14-15 only if your department will accept cash and/or check payments on behalf of UTSA.**

14. A Deposit Transmittal Form will be completed and submitted:

- Within one business day if total receipts are \$500 or more.
- At least once per week if total receipts are less than \$500.

Agree

15. Our department will not photocopy checks, unless additional research or internal handling is required. If additional research or internal departmental handling is required, the customer account and routing numbers will be removed from the check photocopy.

Agree

### Department Contact Information

**Date:**

**Printed Name of Department Director or above:**

**Job Title:**

**Signature:**

### Financial Services Use Only:

**Received on:**

**Received by:**