

UTSA Financial Affairs

Department Cash Handling Security Policy

Used by departments/divisions to document their internal policy regarding the safety and security of cash, checks and credit card information.

Instructions: Complete the fields below to document how your department will ensure the safety and security of cash, checks, and credit card information.

REQUEST DETAILS	
Section #1-8:	
1. 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:
	Online (e-commerce):
6. *Describe where physical documents gathered for this payment process will be stored? <i>*Physical documents must be kept in a secured location or locked cabinet.</i>	
7. Enter the employee's name(s) and job titles who will have the access to this secured location or who will be handling cash in your department.	
NAME	JOB TITLE

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8. In accordance with the institutional Records Retention Schedule:	
*All physical and electronic records retained in our office will be kept for the current fiscal year and for the next three fiscal years. <i>*Credit card receipts containing customer signatures must be retained in the event of a customer-initiated dispute</i>	I Agree
Section #9-15: Complete only if your department is requesting authorization to accept credit card payments on behalf of UTSA.	
9. Credit card information such as credit card numbers and expiration dates will be shredded after the transaction is completed.	I Agree
10. * 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. <i>* Hard drives must be wiped clean before disposal.</i>	I Agree
11. ** Select the method in which your department will process credit card payments ** Cash and checks must be deposited at Fiscal Services	
12. *** If "Online 3rd Party Vendor" was selected above, enter the vendor's name and describe below how reports are generated. <i>*** Prior to contracting with any third-party providers, the department is responsible for requesting and maintaining a written confirmation that the provider acknowledges their responsibility for credit card data security (PCI Compliance). This must be obtained from the vendor each year by requesting an Attestation of Compliance (AoC).</i> <i>Example: PayPal provides settlement and detail reports on their website which we will download each day there is activity.</i>	
13. ****Describe how your department will ensure all cardholder receipts will include only the last four digits of a credit card number and no portion of the expiration date. It's strongly recommended that merchant receipts and reports are truncated in the same manner, but if your 3rd party vendor does not truncate merchant reports, you are required to keep printed reports in a secured locked location at all times. <i>**** Credit card slips from departmentally owned machines and receipts from UTSA Marketplace should only print the last four-digits of a credit card number.</i>	
14. If our department processes credit card payments using a dedicated credit card machine or a 3rd - party vendor, we will also ensure that a settlement process is performed each day that credit card transactions are performed. (Not applicable for UTSA Marketplace)	I Agree
15. 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. (Not applicable for UTSA Marketplace)	I Agree

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Section #16-17: Complete only if your department will accept cash and/or check payments on behalf of UTSA.

16. 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.	I Agree
17. 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 physically removed from the check photocopy.	I Agree

AUTHORIZATION SIGNATURES

Responsible Parties:	Signature	Date
1. Department Director or Above and Title		

Submission Instructions: Once complete and signed, attach this form to the Departmental Cash Handling Request Form and send to Asst. Vice President of Financial Services and University Bursar.

FINANCIAL SERVICES OFFICE USE ONLY

Approved by Name:	Signature	Date