



CASH HANDLING DELEGATION

Date: _____

ORG Manager Name: _____ T#: _____

Phone #: _____ Email: _____

ORG Number(s): _____

Cash Handling Delegated to:

Name	NET ID	Email Address

I delegate the cash handling in my organization(s) to the person(s) listed above. I understand that it is my responsibility to make sure all persons in my area handling cash do so in accordance with the [Collection of University Funds](#) policy and procedures and are properly trained in cash handling. I further understand that I must update this form due to personnel changes, as they occur, so training may be completed for any new employees before they begin handling cash. Finally, I will ask for assistance from the Bursar's Office if additional training is needed at any time.

Signature

Date: _____