



This form shall be completed when establishing CASHNet Satellite Locations.

GENERAL INFORMATION

Requestor Name: _____ Email: _____
First Name Last Name

Department: _____ Building/Zip: _____ Phone Ext: _____

PURPOSE

Description of Sales/Services: _____

Average Daily Receipts at Location (estimate): _____

This location will accept (check all that apply): Checks Credit Cards* Wildcat Cards

*Department will receive a 2.5% chargeback of total revenue received via credit cards to cover the merchant fees.

INTERNAL CONTROLS/SECURITY

If approved, this satellite location will:

- Restrictively endorse all checks immediately upon receipt
- Provide secure overnight storage of all checks and credit card receipts
- Deliver deposits/documents to SFS Cashiering Office daily
- Participate in internal audits as needed

This location will secure receipts in the following manner/device and will allow access only to designated persons:

- Safe/Vault Fire Proof Cabinet Other (explain) _____

SUPERVISOR AUTHORIZATION

- I agree to follow CSU required procedures for handling of cash and cash equivalent assets. Cash Management Procedures may be found online at <https://www.csuchico.edu/fin/resources/policies.shtml>
- I agree that the above information is true and correct.

Supervisor: _____
Print Name Signature Date

STUDENT FINANCIAL SERVICES/CASHIERING USE ONLY

I approve this request and will provide requested training for this location.

Cashiering Lead: _____
Print Name Signature Date

I approve and grant this request

Director: _____
Print Name Signature Date