



# Departmental Revenue Collection Request Form

**Instructions:** Complete this form to request authorization to collect revenues and accept cash, including currency, coin, check, cashier's check, money order, travelers check, credit card, debit card, or any other negotiable instrument, as payments on behalf of Southeastern Louisiana University. Print and sign the completed form. Attach this form to the Departmental Revenue Collection Policy and send to the Controller's Office: Head Cashier via campus mail.

**Departments are responsible for compliance with Southeastern's Departmental Revenue Collection Policy.**

1. What type of payment(s) does your department plan to accept? Check all that apply.

Cash       Check       Credit Card

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

3. How will your department accept these payments? Check all that apply.

Mail       Phone  
 In Person       Online

4. Describe the reason for accepting payments and the business need that exists within your department. (An approved list of fees for services rendered must accompany this request.)

5. What Budget Unit will payments be deposited to? List all applicable budget units below.

Check the box if payments are being deposited to a grant or project.     

List grant/project number to the right.

6. Indicate all persons who will be handling or collecting cash, preparing and/or delivering deposits

		Collect	Prepare	Deliver
Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All employees handling cash, as defined in the Departmental Revenue Collection Policy, must complete the Cash Handling Training. Contact the Controller's Office for additional information. A minimum of 2 people is required.

6. Continued

Collect      Prepare      Deliver

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

All employees handling cash, as defined in the Departmental Revenue Collection Policy, must complete the Cash Handling Training. Contact the Controller's Office for additional information. A minimum of 2 people is required.

7. To accept online registration and online credit card payments, complete and attach the following form.

[Credit Card Registration Form](#)

8. Requesting Department Contact Information

Requested By: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Name:  Budget Unit Number:

Box Number:

Budget Unit Head: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head/Director: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Vice President: (Departmental) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Controller's Office Use Only**

Approved

Declined

Controller: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Vice President of Finance: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_