

SUNY Cobleskill

Authorization to Collect Funds

Department: _____

Budget Holder: _____

Description of Event on Sale: _____

Date of Event on Sale: _____

Please describe the following Collection Controls:

Who will be responsible for collection of cash? _____

Will the campus Square credit card system be needed? Yes/ No

If so, who will be responsible for it? _____

Who will be responsible for depositing the funds with Student Accounts? _____

Will cash be recorded on receipts and a copy given to each customer? Yes / No

Budget Holder Approval Signature _____ Date _____

Business Affairs Approval _____ *Date* _____

Square Sign Out _____ *Date* _____ *Return by Date* _____