

**EXHIBIT A  
UNIVERSITY OF HOUSTON-VICTORIA**

**ACKNOWLEDGMENT OF RECEIPT OF FUNDS AND CASH/PAYMENT CARD  
POLICIES AND PROCEDURES**

I, \_\_\_\_\_, certify that I have been authorized to handle cash and/or payment card (credit/debit) receipts as noted below. If applicable, I certify that I have been authorized to serve as custodian of the change fund noted below and hereby acknowledge receipt of such change fund.

I have received, read and agree to adhere to the policies and procedures regarding cash handling. These policies and procedures include UHV Cash Handling, <http://www.uhv.edu/fin/policy/b/b-6.aspx>, UHV Change Funds, <http://www.uhv.edu/fin/policy/b/b-7.aspx>, UHV Donor Reports, <http://www.uhv.edu/fin/policy/A/a-10.aspx>, and Handling Donated Cash & Securities When Received, <http://www.uhv.edu/fin/policy/A/a-8.aspx>. I agree to complete the required training for my designated cash responsibilities, as noted below. I further agree to comply with Payment Card Industry (PCI) Compliance practices described in the Credit Card Processing and Credit Card Data Security training modules.

I also understand and agree to accept responsibility for the accounting and control of the cash and payment card information in accordance with the policies and procedures. If cash handling is a new responsibility, I understand that a 5 year criminal history background check is required.

I agree to never store customer credit card numbers on my computer or in my files. I understand my responsibilities to protect personally identifiable information belonging to students, staff, or instructors. I agree to immediately report irregularities or suspected fraud to my supervisor or MySafeCampus in accordance with UHV procedures at [http://www.uhv.edu/Compliance/fraud\\_reporting.aspx](http://www.uhv.edu/Compliance/fraud_reporting.aspx).

<u>Type of Cash Responsibility</u> (Check all that apply)	<u>Required Training</u>
<input type="checkbox"/> Cash Receipts	Cash Handling
<input type="checkbox"/> Payment Card Receipts	Credit Card Processing Credit Card Data Security
<input type="checkbox"/> Change Fund Custodian Amount of Change Fund - \$ _____ Cost Center Number _____	
<input type="checkbox"/> Other _____ (i.e. transportation of deposits)	
<input type="checkbox"/> New Employee (5 year Criminal History Check Required)	

<u>Verification (HR Use)</u>
_____
_____
_____
_____
_____

Department: \_\_\_\_\_

Signature of Cash Handler/Custodian \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Return to Finance Department when completed.</b>
Received by (Finance Use):
Signature: _____ Date _____
Title: _____ Phone: _____