

EXHIBIT A

UNIVERSITY OF HOUSTON-VICTORIA

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

I, _____, do hereby certify that I have been authorized to serve as fund custodian or an employee authorized to handle cash as noted below and acknowledge receipt of the fund (where applicable) as well as of policies and procedures prescribing the management of the cash. These policies and procedures include UHV Cash Handling, <http://www.uhv.edu/fin/policy/b/b-6.htm>, UHV Change Funds, <http://www.uhv.edu/fin/policy/b/b-7.htm>, UHV Donor Reports, <http://www.uhv.edu/fin/policyA/a-10.htm>, and Handling Donated Cash & Securities When Received, <http://www.uhv.edu/fin/policy/A/a-8.htm>, PCI Compliance Procedures, <http://www.uhv.edu/compliance/>

I have received and read these policies. I understand and agree to accept responsibility for the accounting and control of the cash and payment card (credit/debit) information in accordance with the policies and procedures.

I certify that I have met the following requirements:

_____ I have been cleared in a 5-year criminal history background check HR initials _____

Please enroll me in the Cash and/or Credit Card Training:
(Check all that apply)

_____ Cash Handling _____ Credit Card Processing _____ Credit Card Data Security

I will never store customer credit card numbers on my computer or in my files. I understand my responsibilities to protect confidential information belonging to students, staff, or instructors. I agree to immediately report irregularities or suspected violations of this policy and procedure to my supervisor, the VP for Administration and Finance, or the UHV Compliance Officer.

Types of cash responsibility: Change Fund _____ Amount \$ _____
Cash Receipts _____
Payment Card (Credit/Debit) Receipts _____
Other _____

Cost Center Number: _____

Other Relevant Information: _____

Signature of Custodian/Cash Handler _____ Date: _____

Title: _____ Phone: _____

Signature of Department Head: _____ Date: _____

Title: _____ Phone: _____

Received by Finance Office:

Signature: _____ Date _____

Title: _____ Date: _____

Return to Finance Department when completed.

Passed Cash Handling training	Completed/Initialed _____
Passed Credit Card Processing training	Completed/Initialed _____
Passed Credit Card Data Security training	Completed/Initialed _____