



**Request for Exception [Daily Deposits](#)**

Division node

Department name

Date completed

Please provide the reason why an exception for daily deposits is needed

Frequency department is requesting to deposit?

Average deposit amount?

How will the funds be secured while waiting to be deposited? Location?

Who has access to these funds?

I accept responsibility for security and accountability of funds deposited based on the information provided above. I agree to maintain cash handling in accordance with University policies and procedures.

Administrative Superior of Department (signature & title)

Date

Division Fiscal Officer (signature)

Date

**Division of Finance Approval Below**

Division of Finance (signature)

Date