## CALIFORNIA STATE UNIVERSITY LONG BEACH SATELLITE CASHIER APPROVAL FORM

LBCMP LBFDN LB49R

DETAILS					
Department:				Date:	
Cash Handling Unit: Main Cashier Ye	es No	OR	Satellite Cashier	Yes	No
Type of Fees Collected:					
Peak Periods (ie beginning semester)					
Purpose of the fees being collected:					
Dollar range of the fees being collected:					
= AUTHORIZED EMPLOYEE DESIGNEES (FOR	ADDITIONA	L DESIGN	EES, USE PAGE 2)		
(EMPLOYEE NAME)	(SIG	NATURE)		(DATE)	(TRAINING DATE)
(EMPLOYEE NAME)	(SIGNATURE)			(DATE)	(TRAINING DATE)
(EMPLOYEE NAME)	(SIGNATURE)			(DATE)	(TRAINING DATE)
(EMPLOYEE NAME)	(SIGNATURE)			(DATE)	(TRAINING DATE)
(EMPLOYEE NAME)	(SIG	NATURE)		(DATE)	(TRAINING DATE)
VAULT AND SAFE COMBINATION HOLDERS Combinations or access codes will be changed when the		ge of staffing	g with new or terminated	employees, or	three year cycle.
(EMPLOYEE NAME)	(SIG	NATURE)		(DATE)	(TRAINING DATE)
(EMPLOYEE NAME)	(SIGNATURE)			(DATE)	(TRAINING DATE)
(EMPLOYEE NAME)	(SIGNATURE)			(DATE)	(TRAINING DATE)
(EMPLOYEE NAME)	(SIG	NATURE)		(DATE)	(TRAINING DATE)
STATEMENT OF APPROPRIATE ADMINISTRAT certify that this Satellite Cashier approval is necessar <u>Jniversity Cash Handling Policy</u> .		-	-	e administere	ed in accordance with a
Appropriate Administrator Name (Department Head)		Depa	artment Head Signatu	ire	Date
Director of Student Financial Services Name		Dire	ctor of Student Finance	al Services S	Signature Date

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## = AUTHORIZED EMPLOYEE DESIGNEES (ADDITIONAL DESIGNEES)

(EMPLOYEE NAME)	(SIGNATURE)	(DATE)	(TRAINING DATE)
(EMPLOYEE NAME)	EMPLOYEE NAME) (SIGNATURE)		(TRAINING DATE)
(EMPLOYEE NAME)	(SIGNATURE)	(DATE)	(TRAINING DATE)
(EMPLOYEE NAME)	(SIGNATURE)	(DATE)	(TRAINING DATE
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