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|---|---|------------------------------------|----------------------|
| WCHO | | <i>Policy and Procedure</i> | |
| Department Finance | # of Pages: 6 | | |
| Policy Name CASH RECEIPTS POLICY | Type of Policy: [<input checked="" type="checkbox"/>] WCHO [<input type="checkbox"/>] Regional [<input type="checkbox"/>] Network | | |
| Policy Number 10.003 | Effective Date | Revision Date | Approval Date |
| Administrative/Board of Directors Sign Off | | | |
| Administrative Signature: | | Date: | |
| Board of Directors Signature: | | Date: | |

I. PURPOSE

To establish operational guidelines for the receipt and recording of all monies received by the Washtenaw Community Health Organization

II. APPLICATION

Washtenaw Community Health Organization operations regarding cash, checks and electronic fund deposits.

III. DEFINITIONS

Cash/Check Receipts Log: Log to register all cash and checks received directly at WCHO.

Washtenaw County Treasurer’s Office: Fiduciary for the WCHO.

Transmittal of Cash Receipts: Electronic financial system form to complete when recording and depositing cash and checks received directly at WCHO.

Receipt of Confirmation: Washtenaw County Treasurer’s Office notice of receipt of cash, check, or deposit information.

IV. POLICY

To provide guidelines in accordance with generally accepted accounting procedures by outlining procedures in receiving, accounting for and depositing cash receipts.

V. EXHIBITS

None

VI. REFERENCES

None

V. PROCEDURES

| <u>WHO</u> | <u>DOES WHAT</u> |
|-------------------|---|
| All WCHO Staff | Delivers all collected cash and checks to designate staff daily. |
| Designated Staff | Completes Cash/Check Receipts Log—Exhibit A. Submits copy of Log and Cash/Checks to WCHO Finance Staff. |
| Treasurer Staff | Sends to WCHO Finance receipt and copy of check stub or wire transfer information for any payments received directly at Washtenaw County Treasurer’s Office. |
| Finance Staff | Initials and Dates each Log received. Secures all checks and cash in safe until preparation of deposit. Deposits cash received at least weekly or as needed to limit cash on hand to be under \$1,000. Endorses each check to WCHO and makes photocopy of each for file. Verifies totals, prepares bank deposit, and attached calculator slip to file copy. |
| Treasurer’s Staff | Completes Transmittal of Cash Receipts—Exhibit B—in the electronic financial system verifying that the total entered reconciles with the total deposit. Posts cash receipt journal upon receipt of transmittal form. |
| Finance Staff | Returns Receipt Confirmation—Exhibit C—of posting to WCHO Finance Staff. Verifies accuracy of receipt from the Treasurer’s Office. Files the receipt and other documentation in cash receipt file by month Completes a cash reconciliation—Exhibit D. |

CASH / CHECK RECEIPTS LOG

MONTH / YEAR: _____



Complete daily or as cash/checks are received. Submit original along with cash/checks to Cash Receipts Accountant. Have Accountant sign both original and copy of log. Retain copy for own files.

| RECEIVED FROM | CHECK NUMBER | CHECK DATE | CHECK AMOUNT | DATE RECEIVED |
|-------------------------------|---------------------|-------------------|---------------------|----------------------|
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| | | | | |
| | | | | |
| | | | | |
| Total Number of Checks | | | | |

| | |
|-------------------------------|-----------------|
| Completed By Signature: | Date Completed: |
| Designated Finance Signature: | Date Submitted: |

Transmittal of Cash Receipts

| | |
|------------------------|------------------------------------|
| Transmitted By: | |
| Your Name _____ | Dept Name _____ WCHO Finance _____ |
| Phone # _____ | Date _____ |

General Ledger Information:

| <u>Business Unit</u> | <u>Object</u> | <u>Remarks/Explanation</u> <u>(30 Characters or Less)</u> | <u>Amount</u> |
|----------------------|---------------|--|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| TOTAL | | | \$ _____ |

Banking Information:

Please staple any bank deposit and credit card slips to this form.

Total Cash/Checks: \$ _____
 Total Credit Card Receipts: \$ _____

Deposited by Transmitting Department?

_____ no
 _____ yes If yes, on what date was deposit made?

Posting Information:

Batch # _____
General Ledger Date: _____
 Entered By: _____

| |
|---|
| To be completed by Treasurer's Office Staff |
| Posting Date: _____ |
| Posted By: _____ |

R55030003
PERSONPOSTING

04/29/04 17:22:31

Washtenaw County
Treasurer's Office Receipt Confirmation

RECEIPT BATCH INFORMATION:

Batch Date: **XX/XX/04**
Batch Type: **RB**
Batch Number: **XXXXXX**
Batch Entered By: **SAMPLES Sample, Sara**

Batch Status: **D Posted**

| Receipt Number | G/L Account Number | Check Item Date | G/L Date | Explanation -- Remarks -- | Check Amount |
|--------------------|-----------------------|--------------------|-----------------|------------------------------|------------------|
| xxxxxx 9999 | XXX.10110 | 0X/XX/04 | 0X/XX/04 | Deposit | \$XXXX.xx |

EXHIBIT D

Monthly Cash Reconciliation

For Month Ending _____

| | | |
|-----------------|---|--|
| CASH | | |
| | Prior Month Balance | |
| | Current Month Deposits | |
| | Interest Earned | |
| | Total Cash on Hand | |
| | | |
| PAYABLES | | |
| | Current Month's Payments | |
| | Payments made for Next Months Expenses | |
| | Total Cash Out | |
| | | |
| BALANCE | | |
| | Cash Less Payments | |
| | Balance Per Treasurer's Office | |
| | Variance | |
| | | |

Ref :County's General Operation Policies and Procedures Volume I, Claims - Approval Process, Reference #s 87-0278, l.cz[a].8 Dated 8-6-87, Section 1 B.