

## Request for Waiver of Daily Deposit Requirement

**NOTE: deposits must be made at a minimum weekly or when accumulated receipts total \$1,000 or more, whichever comes first.**

Department/Unit: \_\_\_\_\_

Fiscal Contact: \_\_\_\_\_

Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

If request for waiver is due to location, please provide the following additional details

Number of Employees in Operation: \_\_\_\_\_

Who is responsible for which tasks? \_\_\_\_\_

\_\_\_\_\_

Explain in detail why unable to bring deposits daily to campus based on operation set up.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chartfield String/s used for deposits: \_\_\_\_\_

2 Year average daily amount of checks: \_\_\_\_\_

2 Year average of weekly deposits: \_\_\_\_\_

Describe safeguarding and storage of funds between deposits, including who has access:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Approver: \_\_\_\_\_ Date: \_\_\_\_\_