



**Policy 18
Type: Cash Handling
Name: Cash Account Reconciliation Procedure**

Scope

The purpose of this procedure is to establish internal control for the reconciliation of FSA Petty Cash, Pub Purchasing Float(s), Pub Coin Floats and Pub Revenues to prevent mishandling of funds and safeguard against loss and theft. This policy is applicable to all FSA Directors and FSA/Auk's Lodge staff who handle cash as part of their responsibilities.

Float Reconciliation

All Petty Cash, Pub Purchasing Float(s) and Pub Coin Float(s) **shall be reconciled during the first week of each month for the previous month by the Office Manager**. I.e. The month of August shall be reconciled during the first week of September.

The controller **shall record all purchases** including the date, description of purchase, the amount, HST and total cost on the Purchasing Float Reconciliation record (see Appendix A). They will store the receipts in the envelope for submission to the Office Manager for replenishing.

The controller will submit their float for replenish when it reaches no less than \$250.00, or at the end of the month, whichever comes first. The controller will include their receipts, record(s) and cash balance (for verification) along with a completed Request for Payment form to the President, Vice-President or Office Manager for approval. The Office Manager will process the request within one week of submission, unless otherwise instructed. The controller will be required to sign a receipt (see Appendix B) upon receipt of funds.

Pub Night Revenue

The revenue from Club and Program Pub Nights will be verified by the Auk's Lodge Manager or Supervisor, whom ever is on duty that night. The information will be recorded on the Program/Club Pub Revenue Record (see Appendix C) and submitted to the Office Manager on the next business day. The Office Manager will deposit the revenue(s) to the FSA bank account.

Appendices:

- A – FSA Cash Reconciliation Record
- B – Cash Receipt
- C – Program/Club Pub Revenue Record

07-JAN-16

SMP

1

By signing this receipt, I understand that I am solely responsible for the care of this money and, if said money is lost or stolen while in my care, it is my responsibility to reimburse the FSA the full amount.

SIGNATURE: _____

FSA REP: _____

SIGNATURE: _____

RECEIVED BY: _____

THE AMOUNT OF _____

DOLLARS \$ _____

RECEIVED FROM THE FROST STUDENT ASSOCIATION FOR _____

DATE: _____



CASH RECEIPT

**FROST
STUDENT
ASSOCIATION**

07-JAN-16

SMP

1

By signing this receipt, I understand that I am solely responsible for the care of this money and, if said money is lost or stolen while in my care, it is my responsibility to reimburse the FSA the full amount.

SIGNATURE: _____

FSA REP: _____

SIGNATURE: _____

RECEIVED BY: _____

THE AMOUNT OF _____

DOLLARS \$ _____

RECEIVED FROM THE FROST STUDENT ASSOCIATION FOR _____

DATE: _____



CASH RECEIPT

**FROST
STUDENT
ASSOCIATION**

PROGRAM/CLUB PUB NIGHT REVENUE RECORD

<u>Date</u>	<u>Program/Club Representative</u>
<u>Event</u>	<u>Auk's Lodge Representative</u>
<u>Program/Club</u>	<u>Verification</u>
<u>Amount</u>	<u>Date</u>

19-Jun-19

SMP