POLICY NO. 3

EFFECTIVE DATE: October 30, 2015

SUBJECT: OTS Receipt of Cash and Cash Equivalents

AUTHORIZATION: [Signature]
Richard “Dickie” Howze, Chief Information Officer

I. POLICY:

The Office of Technology Services is responsible for establishing a written policy and procedures to ensure the proper handling of checks, money orders and/or cash hand delivered or received by mail.

II. PURPOSE:

The purpose of this policy is to set forth guidelines for handling checks, money orders and/or cash hand delivered or received by mail in accordance with the DOA Policy No. 26.

III. APPLICABILITY:

This policy is applicable to anyone receiving checks, money orders and/or cash hand delivered or received by mail within OTS.

IV. PROCEDURES:

The Director of Forecast and Demand or his designee is responsible for logging and recording receipts on the Office of Finance and Support Services (OFSS) Funds Transmittal Form. The transmittal form is located on the OFSS’s website at: http://www.doa.louisiana.gov/OFSS/ofss_forms.htm
The following information on the Exhibit A transmittal is required as follows:

- Check Number/Money Order Number/Cash
- Check Date
- Check Sender/Payer
- Amount
- Comments (for any special deposit instructions)
- Number of items submitted
- Total Amount submitted
- Submitted by
- Date submitted
- Contact name of person logging the checks and/or money orders certifying and submitting the transmittal

The checks, money orders and/or cash including the original transmittal, are to be hand delivered or mailed to the OFSS to be deposited. The OFSS staff receiving the checks, money orders and/or cash will sign and date the receipt of the transmittal and verify the supporting documentation.

V. RESPONSIBILITY:

The OFSS will deposit and classify receipts in accordance with Article VII, Section 9 (A) of the Louisiana Constitution located at http://legis.la.gov/lss/lss.asp?doc=206564 and Chapter 4, Section 2.1 of the Office of Statewide Accounting Policy procedures manual located at:

OTS is responsible for assigning a transmittal number for all funds submitted to the OFSS (i.e., OTS/OTS Proper-FY16-01 - Agency/Section-Fiscal Year-Fiscal Month). OTS needs to reconcile all deposit activity to the state’s financial accounting system by reviewing, at a minimum, the monthly ISIS reports provided by OFSS. OTS is responsible for verification of the payments on the accounts receivable report provided by OFSS monthly.

VI. INTERNAL TRACKING:

OTS will date stamp, track checks received and log them in a central location file. The file will include all check information and a hyperlink of the scanned check stub that was remitted from customer agency. The files are located at: G:\OTS Administration\Invoices\OTS Inv Payments Revd

VII. QUESTIONS:

Questions regarding this policy should be directed to the Director of Forecast and Demand at (225)-342-7105.

Appointing Authority Signature

Date
Exhibit A

Office of Finance and Support Services
(225) 342-0700
Funds Transmittal Sheet

DATE: ____________
Agency/Appropriation No.: ____________
Agency Name: ___________________________________________________________________

Instructions: List each item to be deposited individually below. Include a tape that shows the item count and total amount submitted. Use the Comments column for any special deposit instructions.

| Check/ Money Order No. | Check Date | Check Sender/Payer | Amount | Comments
|-----------------------|------------|--------------------|--------|----------
|                       |            |                    |        |          |
|                       |            |                    |        |          |
|                       |            |                    |        |          |
| CASH                  | N/A        |                    |        |          |

No. of items submitted: ____________  Total Amount submitted: $ ____________
Submitted by: ________________________  Date: ________________________
Phone: ______________________________

To be completed by OFSS Staff:

Received in OFSS by: ____________  Signature: ____________  Date: ____________

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