



Office of the Bursar  
One John Marshall Drive  
Huntington, WV 25755-4200  
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## REGISTRATION FOR RECEIPTING DEPARTMENTAL REVENUE

Department Name: \_\_\_\_\_ Location: \_\_\_\_\_

Responsible Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dean/Director: \_\_\_\_\_

Vice President: \_\_\_\_\_

Types of transactions for which payment will be received:

\_\_\_\_\_

Forms of payment to be accepted:      Cash      Check      Credit Card

Payments will typically be received from (students, alumni, area business, etc.):

\_\_\_\_\_

An imprest fund      WILL      WILL NOT be required.

I HEREBY certify that I have reviewed University and State policies and procedures regarding handling of department revenue and that these policies will be adhered to at all times.

\_\_\_\_\_  
*Responsible Supervisor Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Dean/Director Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Vice President Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Reviewed by Director of Student Financial Systems/Bursar Signature*

\_\_\_\_\_  
*Date*