

## OPERATION MANUAL



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## Book Descriptions:

# cash operations manual

Employees should understand their accountability for all monies which are the property of the State. Also referred to as cash or cash receipts. This applies to cash registers, desk tops, and cash drawers. If an employee leaves his or her work station for any reason, regardless of how briefly, cash must be appropriately secured in a locked place. Excess funds should be in a locked device or deposited in the Cashiers Office. Expenditures or refunds cannot be made from cash receipts. All incoming monies should be acknowledged when accepted, and forwarded to the OSU Cashiers Office for processing by using the OSU Cash Receipts Record form. For help completing the Cash Receipts Record form, refer to Preparing a Cash Receipt, on the OSU Cashiers Office website. For a complete list of revenue types, refer to sections 100 and 200 of FIS Fiscal Operations Policies and Procedures Manual at FASOM. Currency should be counted in the presence of the person presenting it for payment. A copy of the receipt should be given to a walkin customer. No foreign currency is ever accepted. Walkin customers should receive a prenumbered written or cash register receipt. Documents enclosed with mail payments are to be date stamped by employee opening the mail. All checks made out to OSU must be deposited to OSU. For checks made out to OSU but intended as gifts or contributions, see Monies as Gift or Donation, below. A daytime phone number is preferred. If different, make special note on the cash receipt so that the Cashiers Office can handle appropriately. In general, banks will honor the written amount over the numerical amount. They should all be handled as checks. These are for the persons use prior to receiving encoded checks from the bank. However, they should only be accepted if the bank has encoded the routing number and account number on the bottom of the check.<http://balcorhospitality.com/userfiles/bt-studio-1500-manual.xml>

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Checks drawn on foreign banks or issued in foreign currencies require special processing by the OSU Cashiers Office, and the State Treasury. Collection on such checks can take the Treasury several days or weeks to receive the funds. The initial deposit to the departments fund will be the amount reflected on the check, even though it is in a foreign currency. The Treasury will process the item and negotiate the exchange rate. Any exchange rate differences will be charged to the depositing department, as a reduction of the deposit debit to revenue account listed on the original cash receipt. Departments should do the following This allows for more accurate recounts. Please bundle tightly, or envelope, any bills and paperwork if sent in the same bag as coin. If using numbered bag, please note the number on the Cash Receipts Record. This ensures that all cash can be accounted for with each deposit. All credit card payments must be settled and submitted for deposit on a daily basis. A Settlement Report must accompany a completed Cash Receipts Record. The Settlement Report goes by various names depending on the credit card reader or machine used for processing, is a summary of transactions for a specific date or date range, and lists the total number of transactions and the total dollar amount. Those departments use preencoded deposit slips. A copy of the deposit slip yellow or pink or actual copy is sent as backup with a completed Cash

Receipts Record to the Cashiers Office for processing and entry into Banner. Deposits to department gift accounts should consist of charitable donations made to the department. Donations made to a department, even if for general department use, are considered restricted funds. This money should not be commingled with general funds or selfsupport funds. These funds are spent in accordance with university regulations and must not be overdrawn. If checks are made payable to OSU, they must be deposited directly with

OSU.<http://astateknik.com/userfiles/bt-studio-1000-manual-download.xml>

If there is evidence from the donor that the intent was to gift the monies to the OSUF or ARF, please contact those foundations for instructions. Vendor refunds may be the result of overpayment, returned prepayment, returned defective merchandise, credit for early payment, etc. Business Affairs will route the check back to the bank a second time to attempt to recover the amount as written. If the check is returned to Business Affairs a second time, to record the lack of funds available for the department deposit, a JV will be processed to reverse the payment debit to department revenue account. The item will then be forwarded to the depositing department for them to pursue as they see fit. ACH transfers take 2 to 4 business days to reach their destination and can be recalled or returned for a variety of reasons. Also used for all cash equivalents such as checks. Often used in the plural cash receipts or monies. All incoming EFT payments for the Oregon University System are processed through the Oregon State Treasurys Cash Management Branch. The OSU Cash Receipts Record form. They can only be recalled with the permission of the recipient. Wire transfers typically are used when large amounts are needed along with the ability to confirm receipt, and when international payments are made. The key is kept in the Rx drawer at all times If no printed report is present then manually settle the credit card terminal by following the instructions below a. Press Credit b. Press Close c. Press Yes 13. The settlement report print up should go to the appropriate person for reconciliation Billing and Insurance Staff will complete the following If they are not present, it is acceptable for student to pay at SHC. If charges have been posted to AIS, the student must go to the UCSC Cashier's Office at the Hahn Student Services and apply payment there.

After endorsement put the check in the drawer, then close the drawer when mechanism not working, stamp the back of the check with the BofA stamp. A customer copy receipt is then printed for the patient. Alternatively, patients can pay electronically with ApplePay. Alternatively, these items may be scanned if the cursor is in the correct location. "F" keys may also be used F2. The cashier initials the endorsement to provide operator identification. After endorsement put the check in the drawer, then close the drawer. A customer copy receipt is s then printed for the patient. Alternatively, patients can pay electronically with ApplePay. Note this should be done at noon in the summer and at 1pm during the school year This form is signed by both cashier and change provider and left in the cash box or till. Students presenting to pay after this time are asked to return the following business day before 430pm, or put the amount onto the AIS account. You may use the Counting Helper button to enter the individual values of coins and currency to give a total. 12. Click "Print Report" for a report of the drawer's currency breakdown 13. In step 2, count the cash that will be deposited. Again the Counting Helper may be used to enter individual values of coins and currency to give a total. Print 14. Step 4, shows any variance between register records and drawer counting 15. Step 5, Enter your name or initials as the person responsible for the count 16. Step 6, AT END OF DAY, "Do POS Close Final Permanent Operation. No adjustments can be made after closing 17. Click OK to place the register batch into "POS Closed" mode and click "Close" 18. Daily receipt amounts must match total on "POS Closing Report" 19. NOTE enter the cash drawer Batch Number on the "Z Tape" blank 21. Also print the activity report for documentation of revenues for PnC transactions may be printed by the pharmacist 24.

On the outside of the envelope write the date, amount of deposit and staff initials and place it with

the cash drawer 25. The SHS Operations staff collects the cash drawer plus deposit envelope at the end of each day. This means that all payments have been reconciled. This will display the total amount for each transaction type. An incident report will be filed per policy. There would need to be separate transactions. For individual changes, see the redlined versions of V4.4 and V4.6. The University cash handling policy requires that every unit administrator and employee responsible for overseeing, receipting, depositing, or reconciling cash and its equivalents undergo the departmental and staff certification process. Upon approval by the University Controller and IT Security Office, Treasury Operations will assist the new credit card merchant by providing the necessary information and training required to comply with the University's credit card handling policy and payment card industry data security standards. The procedures outlined in the policy are mandatory when processing, recording, and reconciling credit card sales. Noncompliance with either policy may result in the loss of privileges to process credit card payments and the revocation of credit card merchant status. The amount of each advance should be kept at a minimum needed to transact business, and arrangements for safekeeping must be made by the department. Each request must provide an explanation of the need for the cash advance. Every reasonable effort should be made to identify an alternative to the use of a cash advance. Alternatives include direct payments, procurement cards, and the use of the ProTrav system for travel advances and reimbursements. Wells Fargo is the recommended location for check cashing because a fee is not charged; other banking locations will assess a fee to cash the check. The requesting department is responsible for safekeeping of the check and cash.

Any questionable receipts will be referred to the University Controller or Director of Accounting and Financial Reporting. Requests for exceptions to this checkcashing policy should be directed to the University Controller. Justifications for avoiding the exercise. Yep, we've been there, done that, too. Are you more interested now. Here are a few reasons why. An operations manual is where you've written down all your systems. It's the "winning playbook" that can as much as double the value of your business and let you fetch a higher asking price. That's money in your pocket. Two thumbs up to kaCHING ! Anytime your business relies on a key employee there's a huge risk that that person will leave. The employee could be you or someone else. They could die. Relocate across the country. Find a better paying job elsewhere. Without a manual, you're left with a gaping hole in your business. And a huge expenditure of time and money to fill and start again. Think how much money you could save and reinvest if that weren't the case. Let's face it you didn't become an entrepreneur to be a slave to your business. But over the years, business owners become afraid. They worry that the nanosecond they turn their back, everything will blow up like a seventh grade volcano experiment. Documenting your systems ensures the business can run like a well-oiled machine. And anything else that regularly costs you time and money. You become wealthy when you and your team can focus on high value tasks. Forbes ASAP Life is short. Time is precious. That's where our JumpStart Your Company's Winning Playbook program comes in. What's the process. Testing for clarity and consistency. Step Three. Introduce templates, flesh out list and location of form documents. Depending on the depth of assistance you need, your Winning Playbook program can include. Your company wasn't built in 12 weeks, and neither will your operations manual. By addressing one pain point at a time, you'll focus.

And resolve your biggest headaches in priority order. In fact, this is an important relationship—one we hope will be ongoing—and we want to be sure it's a fit for both of us. The number of books your department is allowed to pick up must have prior approval. You will be required to sign for the books and to provide an account number to be charged for the books. Your department will be billed via IDT in iPayments. To request approval to use these forms, please email the Cashier Office with a description of your department's special circumstances. Departments are only allowed to pick up one receipt book. You will be required to sign for it. The receipt book must be returned to the Cashier Office by the end of the next business day. It must be signed by the employee and approved by the

department head. All copies of the receipts must be retained in the receipt book when returned to the Cashier Office at the Sea Aggie Center for TAMU Galveston. If it is discovered that receipts are missing, FMO or FMS must be notified immediately. A letter must be submitted by the department head explaining the situation surrounding the loss and explain what procedures are being put in place to ensure the reduction of such losses in the future. If the cash receipt is suspected stolen, a police report must be attached to the letter. The Manual provides staff with standards, good practice procedures, policies, and tools for cash transfer programming. The manual provides a brief and concise description of cash programming and transfer modalities, how to conduct a feasibility and risk assessment, and designates the roles and responsibilities among Country Office staff. Practical tools are annexed for staff use including feasibility and risk assessment, and delivery mechanism assessment tools. Make sure you read our Terms and Conditions.

Operations Manual for Delivery of HIV Prevention, Care and Treatment at Primary Health Centres in High Prevalence, Resource Constrained Settings Edition 1 for Fieldtesting and Country Adaptation. Geneva World Health Organization; 2008. Show details Geneva World Health Organization; 2008. This can only be achieved if key resources for service provision, including human resources, finances, hardware and process aspects of care delivery are brought together at the point of service delivery and are carefully synchronized. Critical management considerations for assessment and planning, managing the care process, human resources, interacting with the community, and managing information are covered in the Planning, Human Resources, Integration and Monitoring chapters. This chapter first discusses good management and leadership in general, then outlines relevant considerations for managing relations with patients and the district team, as well as finances and hardware and management schedules. 10.2. MANAGERS AND LEADERS Management and leadership are important for the delivery of good health services. Although the two are similar in some respects, they may involve different types of outlook, skills, and behaviours. Good managers should strive to be good leaders and good leaders, need management skills to be effective. Leaders will have a vision of what can be achieved and then communicate this to others and evolve strategies for realizing the vision. They motivate people and are able to negotiate for resources and other support to achieve their goals. Managers ensure that the available resources are well organized and applied to produce the best results. What are the attributes of a good leader. Leaders often but not necessarily always have a sense of mission; are charismatic; are able to influence people to work together for a common cause; are decisive; use creative problem solving to promote better care and a positive working environment.

Leadership is creating a vision Managers who have these leadership qualities are a credit to the services they manage. However managers must ensure that daytoday processes run well to produce the desired results. Certain attributes are required for a manager to be effective, including clarity of purpose and tasks; good organizational skills; ability to communicate tasks and expected results effectively; ability to negotiate various administrative and regulatory processes; good delegation skills. Management is getting things done 10.3. CONDITIONS FOR GOOD MANAGEMENT Certain conditions are important for creating good management, including managers and team members need to be selected on merit; managers need to earn the respect of their staff, patients, and supervisors; managers need to have the knowledge, skills and understanding of the role, tasks and purpose of the services they deliver; basic support systems function well; clear staff administration rules and regulations; well planned and timely delivered supplies, equipment and drugs; clear and transparent financial processes; and well planned and monitored activities. Management is getting things done through balanced involvement of people As a health facility manager there are important questions to discuss with the district management team and to ask yourself What exactly am I supposed to do as a manager. Will the resources needed be here and be on time. How free am I to take decisions, e.g. to move staff around. How can I balance my managerial and clinical duties. How can I reduce the time spent on the many routine reports I need to write. What and where are

the tools and techniques to help me do the job well. Conditions for being an effective manager are best when these questions have clear and positive answers so that tasks are clear, the delegation of authority is known and managers know where and when to seek support for their decisions.

Management also flourishes when the manager and the staff agree about the objectives of the work that they are doing, and can make decisions easily and with minimal risks.

#### 10.4. HOW TO LEARN AS A MANAGER

Health care delivery and patient circumstances are constantly changing, and managers have to continue to learn new abilities and skills to keep up. A significant portion of management involves skills and competencies such as motivating staff, communicating and negotiating with stakeholders, and maintaining certain attitudes and behaviours that maximize staff discipline and performance. Managers also need to understand the basic technical aspects of the services delivered. For most of these competencies, training courses, while effective, are often not sufficient to provide all the necessary skills. How can managers create and foster an environment in which they, and the people they manage, are constantly learning. One way is to clearly and regularly identify challenges that the service faces, and the skills and knowledge that the team needs to overcome these challenges. Every manager needs clear learning objectives and plans and available time for these activities e.g. put aside a half day every two weeks for team or personal learning.

#### 10.5. OVERVIEW A MANAGERS ROLE AND TASKS

Certain roles and responsibilities all general managers need to manage, include type and coverage of services to be delivered; resources staff, budgets, drugs and supplies, equipment, buildings and other infrastructure and information available for use; people, including patients, partners, suppliers and staff that are important for delivering functional quality services.

The specific functions carried out by health facility managers are discussed here and in other chapters, However, no matter what type of service is offered, managers need to devise and implement strategies, make plans and budgets, seek resources, implement, monitor and evaluate the plans, learn lessons, and then design new plans. A manager delegates some tasks to other staff members and supports and coaches them to achieve desired results. Managers use team and staff meetings and other forms of communication to communicate the appropriate messages to staff about what is to be achieved and how. A major management task is reviewing the important information and data concerning service delivery and using this data to make decisions about how services can be modified and improved. Managers are responsible for the finances available to the service, ensuring that these are used to produce the maximum possible benefits for patients and staff. Keeping a firm focus on the overall goal of the service and reminding staff, partners and clients of this goal is a major task for managers. Local facility managers and district managers must have clear lines of communication, and ensure optimal of site support and supervision, and that reporting to districts is accurate. Facility managers must communicate all challenges to the district level to make sure there is continued service delivery at facility level. District managers should communicate new policies and management tools to local managers to ensure compliance. A strong relationship between the two levels is key to sustained service delivery at the facility level.

#### 10.7. HOW TO MANAGE PATIENT RELATIONS AND ACHIEVE PATIENT SATISFACTION

Health facilities exist for the sole purpose of providing health services to patients in communities. Therefore managers need to ensure that client satisfaction is of utmost importance. This is why all staff must be trained to understand patients rights.

Staff should not be judgmental and must provide information to patients so they can make informed decisions regarding treatment options, as well as lifestyle and behaviour modifications that may be required to improve their health status. Staff must also be able to assist patients to understand their responsibilities, including to live a healthy lifestyle; not to participate in risky behaviour; to participate in their care by attending appointments, asking questions, and playing a part in their own health improvement; to be open and honest about the problems they face; to have the best

health outcome by adhering to treatment regimes. The attitude of staff towards patients influences patients willingness to obtain access to and continue care, to treatments, and to accept and follow health promotion messages. Negative staff attitudes reduce patients self esteem and motivation, reducing their will to seek services. Assessing patient satisfaction Appropriate tools should be used by the health centre and district supervisors to assess patient satisfaction, or to assess how patients perceive the health establishment in general. These include client satisfaction surveys suggestion boxes community consultation committees. These concrete measures ensure patients voices are heard. Anonymous mechanisms for eliciting suggestions should be encouraged, such as a "suggestion box" placed in the waiting area with paper and pen, in which patients can put anonymous messages. The box should be emptied regularly and comments discussed with the staff.

10.8.

**PATIENTS RIGHTS** Patients rights, include the right to health information full range of accessible and affordable health services privacy when they are receiving health care be treated with dignity and respect when they are receiving health care be assured that personal information will remain confidential be given an explanation of the processes that they go through when they are receiving health care be treated by people who are trained and knowledgeable about what they do continuity of services be treated by a named provider express the views on the services provided and to complain about unsatisfactory health services gender equality a healthy and safe environment make free informed choices

10.9. **HOW TO MANAGE FINANCES** The degree to which health centres are involved in managing funds and financial resources varies with the nature of the health centre, its size, and the structure of the national health services. Yet, all health services have to manage two types of funds "Invisible funds", or budgetary allocation. These are not physically handled, but represent a "credit" that is provided by the district management team or other entity that will handle how they are spent; "Visible money" or cash This money is seen and handled in the centre. Money can be kept for spending usually small in amounts, called "petty cash" 1 , or be received for services or sales of goods. Managing money and finances in a health centre is complex and responsible work. Ultimately, the facility manager bears responsibility for the correct handling of all financial aspects. Good financial management is the core of good service delivery. The facility manager needs to ensure that financial resources are committed to those activities that contribute to organizational goals. Regular use of the good financial management checklist below can help ensure that the financial procedures in place conform to good financial practises.

A good financial management checklist ensures that All accounting registers, journals and ledgers are up to date. All financial reports are prepared and submitted in a timely manner. Procedures for the use of petty cash are properly developed. All expenses other than petty cash are paid by cheque. Financial activities are separated in such a way that one person alone never registers, reviews and authorizes any complete transaction. Procedures for authorizing purchases are being followed. Security measures are in place to protect the assets, books and registers from tampering or theft. A physical inventory of fixed assets and supplies is conducted at least once a year. The bank statement is reconciled monthly. Financial administration staff is involved in both programme and financial planning processes. A realistic annual budget is developed from the work plan. The line items in the chart of accounts, the budget and management financial reports correspond with each other. Cash flow is adequately monitored and is projected for the year so there are no periods of cash shortage. Actual expenditures are compared quarterly with the budget and corrective action is taken as a result of these comparisons. Often, health centres have no dedicated financial officers to handle budgets and financial control is exerted by the overall facility manager. A minimum set of financial management tasks includes budget preparation and cash flow projection budget allotments and expenditures management of cash income and expenses financial monitoring and reporting the use of financial information to make decisions.

How to prepare a budget and cash flow projection

A health centre budget outlines how financial resources will be used over a defined period of time,

usually one year. Two main steps in budget preparation include projecting all expenses that will be incurred at the health centre, and matching them with expected revenues and budget allocations.

Additional cash flow projections help to ensure that income and expenditure match throughout the year, and the health centre is able to meet costs as they incur. Budget development is an essential part of the planning process. Determining resource needs and associated costs The starting point for budgeting is a list of the resources needed to carry out all activities throughout the year required to maintain the health centre and to provide its services. It is useful to also list resources that are directly provided to the centre and that are financed from other budgets e.g. staff or medication paid directly by the district authorities. Leaving out these in-kind contributions hides the real cost of services delivery, and makes it hard to determine how to make the service sustainable in the future. The budget includes two types of resource needs and costs Fixed costs remain constant and are independent from the exact level of activity within the capacity of the centre. Such costs include most salaries, equipment leases or payments, rent and utilities. Variable costs depend on the level of activity such as the number of patients treated. Such costs include care consumables, drug costs and transportation costs for home visits etc. Variable costs are usually specified “per unit” of delivery e.g. drug needs and costs for one patient on firstline ART and multiplied by an estimated “number of units” e.g. the number of patients expected to be on firstline ART in the facility. It is recommended to use a budgeting sheet see Annex 10.1 Budget Sheet and to subdivide the list of resources into various categories. For each resource e.g. staff, you need to specify the type of costs associated e.g. salary and time period, usually 12 months, and at what cost per unit e.g. US 300 Dollars USD per month. Standard categories are recommended by district authorities and ideally the same categories are used for budgeting, accounting and reporting.