

FROM: \_\_\_\_\_  
County/Unit/REC                      Zip Code                      Phone

Type of SCC

Gift/Donation:

Income:

Reimbursement:

No.

Date(s) of Collection: \_\_\_\_\_

Date of Bank Deposit: \_\_\_\_\_

Date SCC Prepared: \_\_\_\_\_

Handwritten Receipts

No. \_\_\_\_\_ - No. \_\_\_\_\_                      No. \_\_\_\_\_ - No. \_\_\_\_\_

Entity	Fund	Financial Dpt.	Natural Acct.	Purpose	Program	Project	Activity	Task	Deposit Description	Sales Tax % Used	AMOUNT
<b>CALIFORNIA SALES TAX PAYABLE</b>											
			200005								
			200005								
SUBTOTAL											
<i>Cash Overage ADD</i>											
			5395902								
<i>Cash Shortage DEDUCT (enter as a negative amount)</i>											
			5395902								
Collected: _____ + _____ + _____ + _____ = _____ Currency                      Coin                      Checks                      Credit Card                      Total											<b>TOTAL</b>

Preparer's Signature \_\_\_\_\_ Unit/County/REC Director's Signature \_\_\_\_\_

## Instructions/Comments

*This form acts as a cover sheet for bank deposit receipts that are submitted to the Business Operations Center for entry into the Financial System.*

**SEPARATE SCCs:** Each deposit type must have its own SCC form. Multiple accounts for the same type of deposit can be combined onto one SCC. However, if gift/donations are for different accounts, please submit on separate SCCs for Development recording purposes.

### STEPS

Prior to deposit, checks must be endorsed "for deposit" with an official endorsement stamp.

1. Complete the document tracking information header:
  - o Enter name of County/Unit/REC submitting deposit, zip code and telephone number.
  - o Check the box for which type of deposit was made.
  - o Enter a 5-digit number (no alpha characters) for internal tracking purposes. (Each county can develop any system they prefer (i.e., 00001, 00002)
  - o Date(s) cash/checks were collected
  - o Date deposit was made to the bank
  - o Date this document was prepared
2. All receipts must be accounted for and submitted in numerical sequence.
  - o Denote breaks in sequence in the provided space.
  - o All copies, **including voided receipts**, are to be submitted with this SCC to the BOC.
3. For each COA chart string, complete a deposit description and sales tax percent used (if applicable).

#### Which Natural Account to use:

For Gifts/Donations use Natural Account #: **480000 – Gift/Donation**

For Income use Natural Account #:

- **440003 – Miscellaneous Fees** (i.e. 4H enrollment, Master Gardener insurance, camp enrollment, etc.)
- **440009 – Other Miscellaneous Income** (i.e. plant sales, publishing sales, any sales, other.)

For Reimbursements use Natural Account #:

- **523223 – Reimbursement of Supplies and Materials** (i.e. personal expenses on Pcard; vendor providing a refund; 4H Council reimbursing the County for supplies and materials purchased for them.)
- **501099 – Staff Salaries and Wages Reimbursement** (i.e. 4H local Council is providing funds for 4H staff.)
- **536093 – Travel Reimbursement** (i.e. NOT for personal expenses on travel card – go through UC Davis MyBill.)

*If none of these Natural Accounts fit your deposit or reimbursement, request assistance from your BOC Business Partner or Business Manager at the email address listed below.*

4. **Miscellaneous cash sales only:** Sales tax collected must be reflected on a separate line and will be paid to the State Board of Equalization. Please provide the sales tax percentage that was used at the point of sale for each applicable line. For the deposit description, please enter the **city and county** where the sales tax was collected.

*UC ANR is not exempt from paying state tax, so sales tax must be charged at the point of sale for all taxable sales. If not charged at time of sale on taxable items, must be self-assessed when submitting the SCC.*

5. Record any shortages or overages in the same layout as the tax line for all applicable chart strings.
6. Verify that all totals are accurate and match the deposit receipt provided by the bank at the time of deposit. Obtain signatures of the Preparer and Director. **If hand signing, please include date with signature.**
7. Email the SCC and all required supporting documents to your Business Partner team:

<a href="mailto:boc-uccepartner1@ucanr.edu">boc-uccepartner1@ucanr.edu</a>	<a href="mailto:boc-uccepartner4@ucanr.edu">boc-uccepartner4@ucanr.edu</a>
<a href="mailto:boc-uccepartner2@ucanr.edu">boc-uccepartner2@ucanr.edu</a>	<a href="mailto:boc-uccepartner5@ucanr.edu">boc-uccepartner5@ucanr.edu</a>
<a href="mailto:boc-uccepartner3@ucanr.edu">boc-uccepartner3@ucanr.edu</a>	<a href="mailto:boc-uccepartner6@ucanr.edu">boc-uccepartner6@ucanr.edu</a>

*For more detailed descriptions of cash handling procedures and best practices, reference ANR UCCE's Cash Handling Policy.*