

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>  |      |                |               |         |         |         |          |      |                     |                  |              |
|  |      |                | 539590        |         |         |         |          |      |                     |                  |              |
| <i>Cash Shortage DEDUCT (enter as a negative amount)</i>   |      |                |               |         |         |         |          |      |                     |                  |              |
|  |      |                | 539590        |         |         |         |          |      |                     |                  |              |
| Collected: _____ + _____ + _____ + _____ = _____<br>Currency                      Coin                      Checks                      Credit Card                      Total |      |                |               |         |         |         |          |      |                     |                  | <b>TOTAL</b> |

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

## Instructions / Comments

The purpose of this form is to act 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:
  - Enter name of County/Unit/REC submitting deposit, zip code and telephone #.
  - Check the box for which type of deposit was made.
  - SCC No. Naming Convention: Location Code, 2 digit fiscal year- month created, transaction number in order. Example: ALAM26-0901, DIEG26-0802
  - Date(s) cash/checks were collected
  - Date deposit was made to the bank
  - Date this document was prepared
2. Redacted copies of checks must be included for all deposit types.
3. All receipts must be accounted for and submitted in numerical sequence.
  - Denote breaks in sequence in the provided space.
  - All copies, **including voided receipts**, are to be submitted with this SCC to the BOC.
4. For each CoA chart string, complete a deposit description and sales tax percent used (if applicable).

#### Which Natural Account to use:

For Gift/Donations use natural account#: **480000 – Gift/Donations**

For Income use natural account #:

- **440003 – Miscellaneous Fees** (ie. 4H enrollment, master gardener insurance, camp enrollment, etc.)
- **440009 – Other Miscellaneous Income** (ie. Plant sales, publishing sales, any sales, other.)

For Reimbursements use Natural Account#:

- **See TLR – The Natural Account needs to match the original expense shown on the Transaction Listing Report so a copy must be included with the expense highlighted.**
- **539999 – Internal Recharge Reimbursements only** (Natural Account# on TLR will show as 770xxx)

*If none of these Natural Accounts fit your deposit or reimbursement, request assistance from your Business Partner or Business Manager.*

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:

[boc-uccepartner1@ucanr.edu](mailto:boc-uccepartner1@ucanr.edu)   [boc-uccepartner2@ucanr.edu](mailto:boc-uccepartner2@ucanr.edu)   [boc-uccepartner3@ucanr.edu](mailto:boc-uccepartner3@ucanr.edu)   [boc-uccepartner4@ucanr.edu](mailto:boc-uccepartner4@ucanr.edu)  
[boc-uccepartner5@ucanr.edu](mailto:boc-uccepartner5@ucanr.edu)   [boc-uccepartner6@ucanr.edu](mailto:boc-uccepartner6@ucanr.edu)   [bocsupport@ucanr.edu](mailto:bocsupport@ucanr.edu) - For credit card terminal deposits

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