# CASH HANDLING POLICY AND PROCEDURE

# BACKGROUND

All agencies of the Department of Health & Hospitals (DHH) that handle cash or cash equivalents must have both an awareness of and show a commitment to strong internal controls for cash. This environment is established by written procedures. It is maintained by awareness through regular communications between management and staff and through management's commitment by example and review.

Internal controls are necessary to prevent mishandling of funds and to safeguard against loss. Strong internal controls also protect employees from inappropriate charges of mishandling funds by defining responsibilities in the cash handling process.

All employees collecting funds must follow the procedures that have been established for cash receipt controls.

"Cash" includes coin, currency, checks, money orders, and credit card transactions.

All DHH agencies/departments collecting cash must address the cash receipt controls by developing, implementing and enforcing procedures in support of these controls.

# **STATUTORY REFERENCE**

#### <u>Deposits</u>

The Louisiana Constitution Article VII, Section 9 (A) requires "All monies received by the State or by any state board, agency, or commission shall be deposited immediately upon receipt...except for certain exceptions listed therein." **NOTE:** Immediately is defined as *within 24 hours* of receipt.

#### **Misappropriation Notification Requirement**

LSA-R.S. 24:523-<u>Notification of the legislative auditor and district attorney</u>. "An agency head of an auditee who has actual knowledge of any misappropriation of the public funds or assets of his agency shall immediately notify, in writing, the legislative auditor and the district attorney of the parish in which the agency is domiciled of such misappropriation. The district attorney, or other prosecutorial agency, notified of such misappropriation may request audit assistance from the legislative auditor with respect to the misappropriation."

# **GENERAL POLICY & PROCEDURE**

#### Collecting and Receiving Cash or Checks

- 1. **Cash** DHH does not accept cash at its administrative offices located at 628 North 4<sup>th</sup> Street, Baton Rouge, LA.
- 2. Checks
  - a. All checks received should be made out to Department of Health and Hospitals (DHH) or appropriate agency name or the State Treasury. Checks made payable to cash should not be accepted. Postdated checks shall not be accepted for payment.

b. All checks to be deposited by DHH are to be endorsed immediately with a restrictive endorsement and entered into the Department's check log immediately upon receipt. The endorsement should be as follows:

#### For Deposit Only Department of Health & Hospitals or Agency Name Agency Bank Account Number

- 3. Restrictive endorsement stamps must be approved by the DHH Fiscal Director prior to use and/or ordering.
- 4. If checks received are not made payable to DHH or the proper Agency Name, the payer should be contacted immediately and the check returned to make the necessary changes.
- 5. At all times, funds should be secured in a safe or locked cabinet or locked desk.
- 6. Access to the funds should be limited to the fund custodian.
- 7. A check receipt log is to be maintained at all departmental mail entry points where checks are received Checks should be restrictively endorsed upon opening of the mail. Check logs should have the following minimum information: date picked up from mailroom, date of check, check number, payer's name and check amount. A total of all checks listed must be present as well as the current date, and a unique log #. In addition, the person preparing the log should be listed as well as the signature of the person receiving the log once it is transmitted.
- 8. Any changes to the check receipt log must be initialed by the person making the change and a supervisor.
- 9. The check receipt log should be transmitted to the cash management department before 1:00 p.m. each day a check is received. Any checks received after 1:00 p.m. should be transmitted to the cash management department before 1:00 p.m. on the following workday. The log should be signed by the person transmitting the checks and/or cash and countersigned by the person receiving the funds for deposit.

#### Making Deposits

- 1. To maintain proper security and good internal control procedures, the responsibility for preparing and making the deposit should be assigned to an employee other than the one assigned the responsibility for opening the mail, preparing the check log, and preparing the bank reconciliation.
- 2. All funds received must be verified to determine that all monies have been recorded and properly accounted.
- 3. The employee assigned the responsibility of deposit preparation will prepare the deposit ticket, secure the funds and make the deposit into the proper bank account. All checks on the check log should be accounted for and deposited with all other checks on the check log. Any checks listed on the check log that need to be removed from the check log for alternate processing must be properly documented and approved in writing by a Cash Management manager.
- 4. All copies of the deposit ticket should have the bank stamp on them.
- 5. The deposit ticket copies should be attached to the check log documentation and maintained with the deposit.

#### **Bank Reconciliation**

All bank reconciliations should be performed no later than fifteen (15) days after receipt of the bank statement.

#### **Missing Funds Notification Process**

- 1. If funds are missing from a deposit, the following notifications must be made:
  - a. The Director of Fiscal Management must be notified, immediately upon discovery.
  - b. The Director will review the circumstances of the missing check and if appropriate, will notify the DHH Director of Internal Audit and the Undersecretary of DHH.



# I. Purpose

The purpose of this SOP is to outline cash, checks and credit card handling functions and institute controls and procedures to ensure timely and accurate depositing of monetary receipts (cash and checks) and processing credit card payments.

Monies received are payments for clinical services. All checks should be made payable to the specific Public Health Unit payment is received.

# II. Definition(s)

<u>Cash</u> refers to US currency and coin, personal and business checks, travelers' checks, cashier's checks and money orders

<u>Credit Cards</u>– MasterCard and VISA credit cards and ATM cards with the MasterCard or VISA emblem.

<u>Journal Activity Report with Cash Analysis</u> – A summary report of all payments and methods by all users for a particular location.

<u>Personal Identifiable Information</u> – Card Name, Credit Card Number, Cardholder Verification Value (CVV) – the 3 or 4 digit code located on the back of the credit card, Address, Magnetic Stripe Information.

# III. Procedure

# A. Safeguarding the Handling and Storing of Cash

- 1) Access must be restricted to individuals with appropriate fiscal responsibilities included in their job description.
- 2) Cash and Credit Card receipts should be processed on the **<u>same day</u>** they are received.
- 3) Cash should be secured in a cash box or safe at all times.
  - a. Only two authorized individuals should have access to the cash box/safe.
- 4) Checks should be immediately endorsed on the back with "For Deposit Only-Office of Public Health" stamp provided to the clinic.

#### B. Depositing Cash Promptly

- 1) All Cash receipts should be deposited by noon the following business day. Every effort should be made to minimize the amount of cash kept in the office overnight.
  - a. The Clerical Supervisor or designee will deposit Cash at the bank daily.
  - b. The validated deposit slip from the back will be attached to the daily deposit reconciliation report.
  - c. Deposits should ONLY be made during business hours. Employees should never make

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deposits before clocking-in or after clocking-out for the day.

- 2) In the event, the Clerical Supervisor is not able to make the daily Cash deposit at the bank:
  - a. The Cash will be kept in the locked safe until the following day, at which time the deposit should be made at the bank. Under no circumstance should more than one day of deposits be allowed to accumulate within the clinic safe.

# C. Credit Payment

- 1) Select Public Health Units have been given approval to accept credit cards to provide a convenient way to handle payment transactions.
  - a. Public Health Units who need to accept credit cards and obtain a physical terminal to either swipe or key transactions, need to contact the Revenue Unit to execute the required paper work, obtain a Merchant Number, and be given directions as how to process those transactions for revenue and fiscal purposes.
- Acceptance of credit cards is subject to the Payment Card Industry Security Standards prescriptive requirements for safeguarding cardholder account numbers and other sensitive data.
  - a. Clinics are responsible for safeguarding the confidentiality related to payments for health services.
  - b. Use secure and/or encrypted connections to the authorized service vendor.
  - c. Do not store or disclose any Personal Identifiable Information.
  - d. Credit card payments should only be taken when the card is present.
    - 1. Only physically write down credit card information if it is absolutely necessary. Do not leave paper with credit card information physically unsecured. Shred handwritten credit card information in a cross cutter shredder immediately after use.
  - e. If credit card number is received via email, delete the email immediately. Do not forward this information via email. Delete the credit card number before replying to the email.
  - f. Theft of sensitive information is strictly prohibited. Use of the credit card terminal that violates local, state or federal laws is strictly prohibited.
- 3) Credit Card Terminal Instructions
  - a. Prior to Processing a Sale:
    - 1. Compare the name on the credit card with the name on the picture ID.
    - 2. If there is a signature on the back of the card, check that with the signature on the picture ID.
    - 3. Check the expiration date. The card cannot be used after the last day of the expiration month embossed on the card.

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4. Check the credit card for any abnormalities or defects (i.e. magnetic strip scratched or destroyed, signature panel taped over, erased or painted over) that may point to

any potential fraudulent activities. If fraud suspected, inform the patient we cannot accept that form of payment.

- b. To Process a Sale (see appendix)
  - 1. The patient may pay for current or any past due balances.
  - 2. The card can only be run once per day for the total amount the patient agrees to pay. The total payment can be applied to multiple accounts.

# D. Reconciling Daily and Monthly Activity

- 1) Employees handling Cash and Credit Cards will
  - a. Appropriately post the payment within the Electronic Health Record (EHR). (Refer to the Intergy Front Office User Guide or click F1 from within Intergy and type in 'Account Payment Posting Window' into the search bar for links to specific instructions on Payment Posting).
  - b. Provide the patient with a receipt of payment.
- 2) The Clerical Supervisor or designee will
  - a. Reconcile cash drawer (including Cash, checks, and credit card payments) with the Electronic Health Record Journal Activity Report with Cash Analysis along with the Credit Card ConvergePay Report (see appendix).
  - b. Complete and initial a deposit slip for Cash to be deposited at the bank for each day.
  - c. Enter the Cash deposit amounts on the Monthly Deposit Report (Excel spreadsheet) to forward to the Fiscal department after month end.
  - d. Maintain a copy of the daily validated deposit slip from the bank and a copy of the Journal Activity Report with Cash Analysis and ConvergePay Report with signed Merchant copy of credit card receipts should be maintained within the Clerical Supervisor's Office.

# E. Monitoring Cash Receipts Process

- 1) Office of Public Health Fiscal Department will reconcile individual Public Health Unit's Bank Deposits to data entered in the Monthly Deposit Report (Excel spreadsheet).
- The Revenue Unit will reconcile all Cash and Credit Card payments posted in the Electronics Health Record to reports received by the Credit Card Authorized Service Vendor and the Fiscal Department.



# F. Compliance

- 1) Each clinic that accepts cash/credit card payments must institute the safeguards, internal controls, records, and procedures in place to comply with the timely and accurate depositing of cash monetary outline in this SOP.
- 2) All employees handling Cash and Credit are responsible for complying with this SOP.
- 3) Violation of this SOP will be reported to the Clinic Leadership and the Revenue Unit. Violations will be investigated to determine the nature, extent, and potential risk to the Office of Public Health. Employees who violate this SOP will be subject to the appropriate disciplinary action up to and including termination.



# The Appendix

# Process a Credit Card Sale via ConvergePay Website

- 1. Log in to ConvergePay (<u>https://www.convergepay.com</u>)
  - a. Enter Account ID, User ID, Password (User ID and Password are case sensitive). Each User will receive a User ID and Password specific to each PHU that they work in.

LDH OPH ACCOUNT ID 2129605

	Converge®
Account ID	*
User ID *	
Password *	
	SIGN IN
For	got Password?   Help   English 💌



- 2. Enter transaction information.
  - a. Highlight Payments tab on left
  - b. Then click **NEW PAYMENT**.

converge	E Search Payments		Terminal : DHH OPH BOSSIER PHU + dhhoph +
<ul> <li>Payments</li> <li>Analytics</li> <li>Products</li> <li>Employees</li> <li>Settingen</li> </ul>	Payments <b>\$0.00 \$0.00</b> Card/Check Cash APPROVED 0	AUTH ONLY 0	SETTLED BAT HES NEW PAYMENT -
<ul> <li>Settings</li> <li>Account</li> <li>Feedback</li> </ul>	Card/Check All Transaction Types  All Statuses		Generate Report ▼     Search     Se
<ul><li>MerchantConnect</li><li>Help</li></ul>		There are currently no transactions in this batch	
	K C PREVIOUS NEXT >		Records per Page 10 *



- c. Enter amount to charge in **Subtotal** box.
- d. Click Insert/Swipe or Enter on Keyboard. (<u>Enter on Keyboard should only be used in extreme</u> <u>emergency</u>)
- e. Click Start Transaction.

mount Section						
Q Search for a Product or Template						
ADD PRODUCT						
	Subtotal *	\$ 10.00				
	Online Terr	<u>,</u>				
	Sales Tax	\$				
	Total	\$10.00				
rder Section Payment Type						
CREDIT CARD CASH						
SALE FORCE AUTH ONLY						
Entry Type						
INSERT / SWIPE EN ER ON DEVICE E	NTER ON KEYBOARD	<b>)</b>				



f. If selected 'insert/swipe", the computer screen will show a picture of a card reader indicating to "please present card".



- 1) Go to actual card reader
  - a) Swipe the patients card across the top or insert the card via chip reader. (Always use chip reader if applicable.)
  - b) Select F1 (Yes) or F3 (No) on the reader to verify the payment amount.
  - c) Leave card in reader until all information is completed in computer.



- 2) Return to the computer screen to complete orders section
  - a) Select/Check "Card Present" (The card must be present to complete transaction)
  - b) Enter Invoice (Patient Number with date of Payment)
  - c) Enter **Description** (Program Code: 0041 IMM or 0053 RH. If needed, additional notes can be added after the program code.)
  - d) **Click PAY** The Reader will beep when transaction is completed and is OK to remove the card.

ount Section				
	Subtotal *	<mark>\$ 1.00</mark>		
	Sales Tax	\$		
	Total	\$1.00		
ler Section Payment Type				
CREDIT CARD			Custome	er Code
Transaction Type			Invoice N 12356 03 Descriptio	1220 (Pt# w/date)
Card Number 53********8638				<ol> <li>Up to 75 characters</li> </ol>
Expiration Date(MMYY) * 02/22				
Card Present				
			ANCEL	PAY

- g. If selected 'Enter on Keyboard", complete the Order Section and Billing Address Section
  - 1) Select/Check "Card Present" (The Card must be present to complete transaction)
  - 2) Enter Card Number
  - 3) Enter Expiration Date
  - 4) Enter CVV2 (3 digit code on back)

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- 5) Enter Invoice (Patient Number with date of Payment)
- 6) Enter **Description** (Program Code: 0041 IMM or 0053 RH. If needed, additional notes can be added after the program code.)
- 7) Billing Address 1 and Zip Code must be entered. (This must be the billing address for the card.)
- 8) **Click PAY** The Reader will beep when transaction is completed and is OK to remove the card.

ount Section				
Q Search for a Product or Template				
ADD PRODUCT				
ADD PRODUCT	Subtotal *	\$ 10.00		
	Sales Tax	\$		
	Total	\$10.00		
ler Section				
Payment Type CREDIT CARD			956	
Transaction Type				
SALE			Customer Code	
and Number *			Invoice Number 12356 031220 (Pt# w/date)	
638			Description	
Expiration Date(MMYY) *			0041 IMM -(Additional text up to 75 cl	naracters)
Card Present				
ling Addition				
5				
Company			State/Province	
			Postal Code	
First Name			70112	
Last name			Country	
Address1				
			Country Phone	
Address1 1450 Poydras			Phone	
Address1				
Address1 1450 Poydras Address2			Phone	
Address1 1450 Poydras			Phone	
Address1 1450 Poydras Address2			Phone	
Address1 1450 Poydras Address2 City			Phone	
Address1 1450 Poydras Address2 City			Phone	



- h. Once Pay is clicked, the receipt should appear, Click View Receipt.
  - 1) Click **PRINT**. Two (2) copies will print, one for the PHU (merchant copy) and one for the customer.
  - 2) Click Complete.
  - 3) The customer must sign the merchant copy (Save with the End of the Day Reports)
  - 4) Give the Patient the customer copy

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<ol> <li>about:blank</li> </ol>	rments		
PRINT			
DHH OPH BOSSIER PHU 3022 OLD MINDEN RD BOSSIER CITV, LA 71112 504-568-3420	ayment		
DHH OPH BOSSIER PHU 0017340000803580255500	It Section		
Date: 02/14/2020 08:15:28 AM	Search for a Product or Template		
CREDIT CARD SALE		Cradit Card, Sala, Approval	
MASTERCARD CARD NUMBER: ************************************	ADD PRODUCT	Credit Card Sale Approval	02/14/2020 08:15:28 AM
ENTRY METHOD: ICC SALES TAX: \$0.00 TOTAL AMOUNT: \$10.00			Approval Code 01711B
APPROVAL CD: 017118 RECORD #: 000 CLERK ID: dhhoph CUST CODE: An <u>e</u> INVOICE #: 1234567			
APPROVED		<b>A</b> 40.00	
x		\$10.00	
DOTTY CROTWELL		Account Balance \$0.00	
PLEASE DEBIT MY ACCOUNT WITH TOTAL SHOWN AID: A000000041010			
TVR: 0000008000 TSI: E800	Section	***************************************	
MasterCard	ent Type	$\frown$	
Thank you for your business!	EDIT CARD CASH	View Receipt	
Merchant Copy			
Tra	insaction Type	COMPLETE	I
	SALE FORCE AUTH ONL		

i. Enter the Credit Card Payment on the Patient account in Intergy. (Do not enter any Authorization #s in Intergy.)



# The Appendix

# Voiding a Credit Card Sale

- 1. Voids can be completed on the same day of being entered only.
  - a. When voiding a transaction, be sure that the payment is not posted in the Intergy account.
  - b. Open Converge and select **Payments** in the left navigation menu.
  - c. Select the transaction you want to void by clicking on a square in the first column. The selected square will be green.
  - d. Click the **VOID** button.

	Payments	Payments					SETTLE	ED BATCHES	NEW PAYMENT
Ū	Hospitality								
~*	Analytics	Card/Check							
*	Customers	✓ APPROVED	1	Ê.	AUTH ONLY 0				0
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e	Employees	Card/Check						🖨 G	enerate Report 🔻
\$	Settings	PEND VOID DE	LETE						1 selected $\times$
Θ	Account	Transaction Date 🔺	Account Data	Transaction Type	Payment Type	Customer	Currency	Amount	User ID
ji)	Feedback	✓ 01/15/2020 13:44	40*******0002	Sale	Credit Card		USD	\$4.00	С
Ø	MerchantConnect	K C PREVIOUS NEXT ;	>					Records p	er Page 10 👻

e. Select Cancel or Confirm when prompted.



f. A message will display that confirms the transaction was successfully voided.





g. Click Void under Transaction Type for the voided item.

Transaction Date 👻	Account Data	Transaction Type	Payment Type	Customer	Amount (USD)
08/09/2019 17:00	40********0002	Void	Credit Card		\$4.00

h. This will show the transaction details. Click "Receipt" for the Voided Receipt for the patient.

Transaction Details		EDIT
RECEIPT MAKE RECUI	RRING DELETE	
Void Approval	08/09	/2019 05:18:41 Pi
	\$4.00	
Order Section		
Payment	VISA Credit Card 40********0002 01	/20
Name		
Invoice Number		
Transaction Currency	USD	
Authorization		
Transaction ID	090819A42-5C805629-F097-489E-BFDB-5E6	F385C0342
User Name		
Auth Approval Code		
AVS Code		
Txn Ref Number	809211841	
ECI		
Entry Mode	Keyed - Card Not Present	

i. If the Batch has settled overnight and the payment needs to be credited back to the card, email Dorothy Crotwell to enter the credit.



#### The Appendix

#### Printing Daily Reconciliation Reports via ConvergePay

- 1. All transactions for the day should show on your Payments Page.
  - a. To run your daily report, Click **GENERATE REPORT** on the right.
    - 1) Choose **Detail with Subtotals** (Only your current Batch will show even if you have the from and to date span for a month)
    - 2) Uncheck any options not needed. Once the report is ran, it will save with the selected items for the next request.

#### 3) Click GENERATE REPORT

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	1/2020		2/29	1/2020				O Asc	ction Dat cending scending	e 🔻			-	ew in brow ownload as		sv *	
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- 4) This will show the totals for the day.
- 5) Click **Print** and save with your Daily Reconciliation Reports.



#### The Appendix

#### To Run a Monthly Total Report in CONVERGE Pay

- 1. You can run a Monthy Total Report if needed.
  - a. On your Payments screen click SETTLED BATCHES.
  - b. Click Generate Report.
  - c. Choose Detail or Summary.
  - d. If Detail is chosen, enter the necessary information.
    - 1) Enter the date Span you are requesting
    - 2) Uncheck the unnecessary items. Once the report is ran, it will save with the selected items for the next request.
    - 3) Click GENERATE REPORT
    - 4) Click on Settled Batches Download to open

	SETTLED BATCHES NEW PAY	MENT -	
ail Report   Card/Checl	<ul> <li>Settled Batches</li> </ul>		Generate Report 🔻
ers Applied from Table Transaction Types 🔻			Q Search
m To		Sort by	Format
<b>E</b> 2/1/2020	2/29/2020	Transaction Date 👻	<ul> <li>View in browser</li> <li>Download as CSV +</li> </ul>
		Ascending	
		Descending	
ect columns to include			
AVS Response	Account Data/MICR Data	Billing Address	Amount
Approval Code	<ul> <li>Auth Message</li> </ul>	Batch Number	Batch Response
Batch SEQ Number	Card Description	Card Present	Card Type
Completion Date(MM/DD/YYYY)	Customer Code	Customer Full Name	Cvv2 Response
Departure Date(MM/DD/YYYY)	Description	Entry Type	Expiration Date(MMYY)
First Name	Invoice Number	Last name	Original Amount
Original Date(MMDDYY)	Original Time(HHMMSS)	Original Transaction Type	Profile Name
Record Number	Sales Tax	Settle Date	Settle Time
Shipping Address	Transaction Date	Transaction ID	Transaction Status
Transaction Time	Transaction Type	User ID	
			CAN EL GENERATE REPORT

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SETTLEDBATCHES....CSV



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								Grand Tota	als	1	\$ 10.00							

- e. To return to your Current Batch,
  - 1) Cancel out of Generate Reports
  - 2) Click CURRENT BATCH



#### The Appendix

#### **Reconciling Daily Reports**

- 1. Each PHU should run end of day reports daily and reconcile to be sure all payments are in balance.
  - a. The last page of the Journal Report is a summary of the Cash Analysis Report.
  - b. Cash and Checks should equal your Deposit and should be documented on your Monthly Deposit Report.
  - c. Charges should equal to your Converge Report.

07/21/2020 10:40 AM		Journal Cash Analysis Report LDH/OPH	
Journal : JEFFERSON-MARRERO Post Date : 03/12/2020			
	Change in Cash Position         Checks       0.00         Cash       30.00         Charge       10.00         Electronic       0.00         Other       0.00         Refunds       0.00         Voids       0.00		Daily Deposit           Checks         0.00           Cash         30.00           Charge         10.00           Electronic         0.00           Other         0.00           Voids         0.00

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	Batch					Card								Transact			on	ion	
Customer	Numbe	Terminal		Approval	Auth	Descriptio	Card	Original			Des	scriptio	Settle	ion	Transactio	Transactio	Тур	Date(	Invoice
ull Name	r	Name	Amount	Code	Message	n	Present	Amount	Card Type	User ID	n		Date	Status	n Date	n Time	e	MMYY)	Number
		DHH OPH JEFF PHU								Dsmith3									
	3	MARRERO	\$ 10.00	156367	APPROVAL	MC	Y	\$ 10.00	Creditcard	Mar	004	11 IMM	3/12/2020	Settled	3/12/2020	14:05:44	Sale	1022	0041 IMM
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