OFFICE OF
THE COMMMISSIONER

Phone: 340) 774-4750
Fax: (340) 776-4028

GOVERNMENT OF
THE UNITED STATES VIRGIN ISLANDS

Mailing Address:
2314 Kronprindsens Gade
Charlotte Amalie, VI 00802

Street Address:
76 Kronprindsens Gade
Charlotte Amalie, VI 00802

DEPARTMENT OF FINANCE
TREASURY DIVISION

REQUEST FOR DESIGNATION OF COLLECTOR OR ASSISTANT COLLECTOR

1. Department / Agency

Department/Agency: _____

Division/Section: _____ G/L Department / Location: _____

District: ☐ St. Thomas ☐ St. Croix ☐ St. John

Street & Mailing Address:

_____

2. Employee / Designee

Name: _____ Employee ID: _____

Position Title: _____

Email: _____ Telephone: _____

3. Designation

☐ Collector/Cashier/Teller ☐ Assistant Collector

☐ Petty Cash/Imprest Custodian ☐ Petty Cash/Imprest Fund Asst. Custodian

Status: ☐ Permanent ☐ Temporary

Effective Date: _____ **End Date, if applicable:** _____

Estimated Daily Collections: $_____

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4. Designee Acknowledgment

I acknowledge that I am responsible for performing my assigned revenue collection and/or petty cash/imprest fund duties in accordance with Government of the Virgin Islands financial policies, Department of Finance requirements, applicable SOPPs, and established cash management and internal control procedures. I understand that all funds collected on behalf of the Government must be properly safeguarded, documented, recorded, deposited, and reconciled in accordance with applicable requirements.

Signature: _____ **Date:** _____

5. CFO / Agency Head Certification

I hereby recommend that the above-named employee be designated as a **Revenue Collector / Assistant Collector and/or Petty Cash/Imprest Fund Custodian** for the above-named Department/Agency.

I certify that the information provided is accurate and that appropriate supervisory and internal control procedures are in place to ensure the proper collection, safeguarding, recording, depositing, disbursement, and reconciliation of Government revenues and/or petty cash/imprest funds, as applicable.

Name: _____

Title: _____

Signature: _____ **Date:** _____

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6. Treasury Division – Official Use

Treasury Review: ☐ Recommended for Approval ☐ Disapproved

Director of Treasury: _____
Signature: _____ **Date:** _____

7. Final Approval

Commissioner of Finance

☐ Approved ☐ Disapproved

Signature: _____ **Date:** _____

Disapproved for the following Reason(s):

_____

_____

_____

_____