



RETAIN A SIGNED COPY FOR YOUR RECORDS

RECEIPT TRANSMITTAL FORM

Transmittal of Cash Receipts

SIGNATURES

					Amount	
Account	Fund	Dept Id	Program	Proj/Gft	Debit	Credit
A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
A	<input type="text"/>	<input type="text"/>	<i>(A&F Office Use Only)</i>			
Fund Name _____					Dept Name: _____	

Preparer _____

Supervisor _____

Date _____

					Amount	
Account	Fund	Dept Id	Program	Proj/Gft	Debit	Credit
B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
B	<input type="text"/>	<input type="text"/>	<i>(A&F Office Use Only)</i>			
Fund Name _____					Dept Name: _____	

FIN Svcs Use Only

Journal #

A _____

B _____

C _____

					Amount	
Account	Fund	Dept Id	Program	Proj/Gft	Debit	Credit
C	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
C	<input type="text"/>	<input type="text"/>	<i>(A&F Office Use Only)</i>			
Fund Name _____					Dept Name: _____	

DESCRIPTION OF TRANSACTION:

FINANCIAL SERVICES USE ONLY

FINANCIAL SERVICES SIGNATURE _____ Date Received _____ Receipt Number _____