

Receipting Instructions for Miscellaneous Receipts/Abatements

DATE: _____

NAME OF DEPOSITOR: _____

DEPARTMENT/ZIP: _____

PHONE NUMBER/EXTENSION: _____

AMOUNT OF DEPOSIT: _____

SOURCE OF FUNDS/NAME OF PAYER: _____

DESCRIPTION OF SERVICES PROVIDED THAT GENERATED INCOME (I.E. RETURN OF FUNDS, REBATE, TICKET SALES FOR FUNDRAISER, P.O. # RELATED TO TRANSACTION IF APPLICABLE, ETC.):

CREDIT CHARTFIELD:

FUND	DEPT ID	ACCOUNT	PROGRAM	PROJECT	CLASS	AMOUNT

APPROVED BY (AO PERSONNEL): _____ DATE: _____

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