Receipting Instructions for Miscellaneous Receipts/Abatements

**DATE:** ____________________ **AMOUNT:** ________________

**DEPARTMENT/PHONE:** ____________________ **FULL NAME OF PAYER:** ____________________

**DEPARTMENT EMPLOYEE NAME:** ____________________

**DESCRIPTION AND DATES OF SERVICES PROVIDED THAT GENERATED INCOME**
(i.e. RETURN OF FUNDS, REBATE, TICKET SALES, P.O. # RELATED TO TRANSACTION IF APPLICABLE, ETC.):

_______________________________________________________________________________________________
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**CREDIT CHARTFIELD:**

<table>
<thead>
<tr>
<th>FUND</th>
<th>DEPT ID</th>
<th>ACCOUNT</th>
<th>PROGRAM</th>
<th>PROJECT</th>
<th>CLASS</th>
<th>OPEN ITEM</th>
<th>AMOUNT</th>
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**APPROVED BY (FAR PERSONNEL):** ____________________ **DATE:** ____________________

Revised April 2018