

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.):

CREDIT CHARTFIELD:

FUND	DEPT ID	ACCOUNT	PROGRAM	PROJECT	CLASS	OPEN ITEM	AMOUNT

APPROVED BY (FAR PERSONNEL): _____

DATE: _____

REVISED APRIL 2018

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