

MURRAY STATE UNIVERSITY
Cash Transmittal Form

Department: _____ **Transmittal No.:** _____ **Date:** _____
(Administrative/Academic/Organizational/Business) (Fiscal Year & Deposit Sequence No.)

Area: _____

Currency	\$ _____	Receipt No. Range:	_____ - _____
Coin	\$ _____	Total Cash in Drawer:	_____
Checks & Money Orders (Include Calculator Tape)	\$ _____	(-) Advance for Change:	_____
Credit/Debit Cards (Include Calculator Tape & Batch Reports)		Amount to be Transmitted:	_____
<ul style="list-style-type: none"> • American Express \$ _____ • Discover \$ _____ • Visa & Master Card \$ _____ 		<p>*If FOAPAL contains an ACCOUNT CODE that begins with any number other than 5, it will need to be verified and signed at the bottom of this page by an accountant. Accountants' offices are located on the 2nd Floor of Sparks Hall, across from the Cashier's Office.</p>	
Total Transmitted	\$ _____	<p>This rule does not apply if FOAPAL is an Agency Account (i.e., the Fund & Organization Codes begin with an alphabetic letter).</p>	
(-) Total Receipts	\$ _____		
Short or Over	\$ _____		

_____ (FOAPAL Title)	_____ (Description of Funds Received)					
FOAPAL:	1- (Chart Code)	_____ (Fund Code)	_____ (Organization Code)	_____ *(Account Code)	_____ (Program Code)	_____ (Amount)
_____ (FOAPAL Title)	_____ (Description of Funds Received)					
FOAPAL:	1- (Chart Code)	_____ (Fund Code)	_____ (Organization Code)	_____ *(Account Code)	_____ (Program Code)	_____ (Amount)
_____ (FOAPAL Title)	_____ (Description of Funds Received)					
FOAPAL:	1- (Chart Code)	_____ (Fund Code)	_____ (Organization Code)	_____ *(Account Code)	_____ (Program Code)	_____ (Amount)
_____ (FOAPAL Title)	_____ (Description of Funds Received)					
FOAPAL:	1- (Chart Code)	_____ (Fund Code)	_____ (Organization Code)	_____ *(Account Code)	_____ (Program Code)	_____ (Amount)

Please Print & Sign: **Total Transmitted:** _____

PREPARED BY: _____ DATE: _____ CONTACT PH: **809-** _____

DELIVERED BY: _____ DATE: _____

FOR CASHIER & ACCOUNTANT USE ONLY – DO NOT WRITE BELOW THIS LINE

_____ Accountant's Signature	_____ Date	_____ Cashier's Signature	_____ Date
_____ Checked By	_____ Date	_____ Receipt Number	