



## Cash & Cash Equivalents Transfer Receipt

(Cash Equivalents are checks, cashier checks, money orders, and credit or debit card payments)

*Please prepare three copies: 1) Original-Transferor; 2) Duplicate-Cashiers Office; 3) Triplicate-Accounting*

Date:	
Name:	
Phone:	
Department:	
Description/Source:	
Cashier Code:	
Total Amount: (Must Equal Detail Total)*	

If no Cashier Code, please provide deposit chart string.

Account	Fund	Department	Program	Project Grant Only	Amount

### Detail Summary

Cash:	
Checks: (Attach Listing Log)	<small>Attached</small>
Credit Cards:	
Other:	
*(DETAIL) TOTAL:	

For Office Use Only

Receipt Number: \_\_\_\_\_

Date: \_\_\_\_\_

Cashier's Signature: \_\_\_\_\_