

Rowan University

Daily Transmittal of Receipts

Date _____ Department _____ Submitted by _____ Ext. _____

Revenue Type	Fund	Organization	Account	Program	Amount																
1. _____	<table border="1" style="width: 100%; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table border="1" style="width: 100%; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table border="1" style="width: 100%; height: 15px;"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1" style="width: 100%; height: 15px;"><tr><td></td><td></td></tr></table>			\$ _____
2. _____	<table border="1" style="width: 100%; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table border="1" style="width: 100%; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table border="1" style="width: 100%; height: 15px;"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1" style="width: 100%; height: 15px;"><tr><td></td><td></td></tr></table>			\$ _____
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Total					\$ _____																

Name	Address	Cash	Check/Money Order	Credit Card	Total
Payment Subtotals:					

NOTE: In order for deposits to be considered as officially received by the Office of the Bursar, it must bear the received stamp with date, cashier's initials, and official Banner receipt number. It is your responsibility to ensure this information appears on your copy of the transmittal. Transmittals disputed without this information will be considered invalid.

TOTAL: _____