

AHBT # (Checks) _____
AHBT # (Cash) _____
AHBT # (Credit Card) _____

## Trinity University - Cash Transmittal

Department \_\_\_\_\_

Date \_\_\_\_\_

Deposit Consists of:

Checks \_\_\_\_\_

Currency \_\_\_\_\_

Change \_\_\_\_\_

Credit Cards \_\_\_\_\_

MC	_____
VISA	_____
AMEX	_____
DISC	_____
Debit	_____
Refund	_____

**Total Deposit Amount**

**Workday Worktag Data:**

Worktag	Amount	Revenue/Spend Category	Ledger Acct. <small>(use only if no Revenue or Spend Category)</small>	Description (Memo) <small>(include Colleague Account #)</small>	Fiscal Yr.

**Enter sales tax amount below for Departments/Sales subject to State Sales Tax:**

9999CC Ledger Account 2024: Sales Tax Payable	
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Submit to Student Financial Services  
Northrup Hall 108

Prepared by \_\_\_\_\_

Extension \_\_\_\_\_