

Session # _____

Rec. # _____

Trinity University - Cash Transmittal

Department _____

Date: _____

Deposit Consists of:

Checks: _____

Currency: _____

Change: _____

Credit Cards: _____

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

Total Deposit Amount:

Account number(s) to be credited:

Account No. and Object Code	Amount	Project Code	Description	Fiscal Yr.

Departments subject to **State Sales Tax** will distinguish gross sales and sales tax associating amounts with the appropriate account numbers.

Submit to Student Financial Services
Northrup Hall 108

Prepared by: _____

Extension: _____