



Attn: DORIS WADE
 429 N. Church St.
 Spartanburg, SC 29303-3663
 Phone: (864) 597-4220 FAX: (864) 597-4239

Cash Receipt Transmittal

This form is used when submitting coins, currency, checks, and/or money orders for deposit. Complete all sections of the form. Please be sure to record the Index and account the funds are to be credited to along with a brief description of the deposit. A receipt will be issued by the Business Office for you to compare to your records.

BUSINESS OFFICE USE ONLY

Receipt #	
Date Received	

Received from _____ department.

Prepared by: _____

For (Name of Event or Other Description. Give specific details.)

Account(s) to be credited: (If Index is entered must provide ACCT only. If Fund is entered, provide ORGN, ACCT, and PROG.)

Index	Fund	Orgn	Acct	Prog	Amount	Description
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	_____
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	_____
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	_____
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	_____
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	_____
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	_____

Cash Recap:

Cash Total: Total:

Check Total:

Total Deposit:

**Please print completed form and send to Business Office with your cash and checks promptly. DO NOT HOLD.
 Be sure to print an additional copy for your records**