



CASH TRANSMITTAL

See Procedure #03.12 for detailed instructions on the use of this form

Custodian Name _____

Phone Ext. _____

Department Number and Name _____

Date _____

	Payee Name	Description	General Ledger Account Number	Cash	Check	Credit Card	Total
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____	_____	_____

Grand Total

Originator's Signature _____ Date _____

Public Safety's Signature _____ Date _____

Accounting Department:	
Received By _____	Date _____
Deposited By _____	Date _____