



FORT VALLEY STATE UNIVERSITY

DAILY REPORT OF CASH RECEIVED

Complete and include this form with deposits that are turned in to the Cashier's Office. If the monies deposited are for students' accounts, also include the 9 digit student identification number.

OFFICE MAKING DEPOSIT: _____

DATE: _____

ACCOUNT NUMBER: _____

NAME & ADDRESS OF SENDER	CASH	CHECKS	CHARGE CARD	TOTAL
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
GRAND TOTALS:				

Prepared By: _____
Printed Name

Signature

Received By: _____
(Signature of Cashier's Office Personnel)

Date: _____