Southeast Missouri State University
Cashier Transmittal Form

Submit to: Cashier’s Office
Room 142 Academic Hall

From: ___________________________                                (Name/Dept.)      (Phone number or extension)

Receipt to: ____________________________                                (Name to be shown on receipt: Dept, Individual, or Business)

Information on Receipt:
Index          Account          Description          Amount
(In Internet Native Banner)

OR

***Please note that you can either fill out the “Index and Account” or the “Fund and Organization and Account”.

Fund          Organization          Account          Description          Amount
(In Internet Native Banner)

Return Receipt To: __________________________ (Credit card information will not be sent through the mail.
(Name of Individual or Department) Please pick up Credit card receipts from Cashier’s Dept.)

(Campus Mail Stop)