

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:

<u>Index</u>	<u>Account</u>	<u>Description</u> (In Internet Native Banner)	<u>Amount</u>
_____	_____	_____	_____

OR \*\*\*Please note that you can either fill out the "Index and Account" or the "Fund and Organization and Account".

<u>Fund</u>	<u>Organization</u>	<u>Account</u>	<u>Description</u> (In Internet Native Banner)	<u>Amount</u>
_____	_____	_____	_____	_____

Return Receipt To: \_\_\_\_\_  
(Name of Individual or Department)

(Credit card information will not be sent through the mail.  
Please pick up Credit card receipts from Cashier's Dept.)

\_\_\_\_\_  
(Campus Mail Stop)