

Deliver to:
Statewide Fund Accounting
Suite 208 Butrovich Building

**UNIVERSITY OF ALASKA
CASH RECEIPTS
TRANSMITTAL FORM**

X

Bank Account for Deposit:
SW PROGRAMS & SERVICES
UA LAND MANAGEMENT
UA FOUNDATION

Descriptions appear in Banner, and are limited to 30 characters. Special Instructions do not appear in Banner.

DEPARTMENT: SWOHR

DATE:

PREPARED BY:

PHONE:

VERIFIED BY:

PHONE:

Money Distribution:				General Ledger Distribution of Funds:					
Qty:	x	Coin:	Total:	*Description (Banner: 30 characters only)	Fund#	Org#	Acct#	Amount	
(3)	x	\$ 0.01	-	Dependent Health	187010	90001	1977	\$ -	
	x	\$ 0.05	-	Employee Health	187010	90001	1978		
	x	\$ 0.10	-	AD&D/Supp Life	101010		0623		
	x	\$ 0.25	-	LTD	101010		0691		
	x	\$ 0.50	-	Life	187010	90003	1925		
	x	\$ 1.00	-	Jury Duty	187020	90102	1866		
Coin Subtotal: \$				Worker's Comp	187020	90104	1836		
Qty:	x	Bills:	Total:	TSA	101010				
	x	\$ 1.00	-	Pension	101010				
	x	\$ 5.00	-	Unident. Cash	101010		0777		
	x	\$ 10.00	-						
	x	\$ 20.00	-						
	x	\$ 50.00	-						
	x	\$100.00	-						
Currency Subtotal: \$									
Coin + Currency Total: \$									
Credit Card Receipts Info:									
CC Qty:		CC Tot:							
Check Number:		Ck Amount:							
Total Checks:		\$ -							
Total of all Funds: \$				<< TOTAL DEPOSIT (these must be equal) >>			G/L Total: \$		-

Verified by: _____

Date: _____

Special Instructions/Additional Description: _____