WRIGHT STATE UNIVERSITY

Cash Remittance Voucher

Office of the Bursar

Document Number

CR 001468

Page 1 of _____

Date _____ Department Name _____ Contact Person _____ Ext. _____

Please complete either the Detail Code and Amount or the Amount, Fund, Organization, Account, and Program. Activity and Location are optional.

Detail Code		Amount	Fund	Organization	Account	Program	Activity (optional)	Location (optional)
____	C	$_____.__	_____	_____	_____	_____	_____	_____
____	C	$_____.__	_____	_____	_____	_____	_____	_____
____	C	$_____.__	_____	_____	_____	_____	_____	_____
____	C	$_____.__	_____	_____	_____	_____	_____	_____
____	C	$_____.__	_____	_____	_____	_____	_____	_____
____	C	$_____.__	_____	_____	_____	_____	_____	_____
____	C	$_____.__	_____	_____	_____	_____	_____	_____
____	C	$_____.__	_____	_____	_____	_____	_____	_____
____	C	$_____.__	_____	_____	_____	_____	_____	_____
____	C	$_____.__	_____	_____	_____	_____	_____	_____

Total _____ (PAGE 1)

Cash	D	_____
Checks	D	_____
Visa	D	_____
MasterCard	D	_____
Discover	D	_____

Department Notes _____

Totals Payments $ _____ Approved By _____

If deposit is to reimburse a payment previously made by a D.P.O., travel expense report, purchase order, or blanket purchase order, send to Accounts Payable, 301 University Hall, referencing the appropriate form number. _____

1009-05/JU05

APPENDIX C
Sample Cash Remittance Voucher (CRV)