



Cash Remittance Voucher
Office of the Bursar

Document Number
CR ~~001460~~

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.

<u>Detail Code</u>	<u>Amount</u>	<u>Fund</u>	<u>Organization</u>	<u>Account</u>	<u>Program</u>	<u>Activity (optional)</u>	<u>Location (optional)</u>
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Sample

Total _____ (PAGE 1)

Cash	<u>D</u>	_____	Department Notes _____
Checks	<u>D</u>	_____	
Visa	<u>D</u>	_____	
MasterCard	<u>D</u>	_____	
Discover	<u>D</u>	_____	

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. _____

APPENDIX C
Sample Cash Remittance Voucher (CRV)