

FI 33
04/2021
Division of Finance



Note: Some features may not work when completing the form in the browser. Please download forms to a PDF before entering information. All forms are downloadable PDFs.

Deposit Date Accounting Period (MM/YY) /
MM/DD/YYYY
 Budget Fiscal Year New Modification
YYYY
 Bank Account
 Comments (20 Char)

**Submitted Date

Transaction I.D.		
C R		
Type	Department	Document Number

Document Total

Department Control Number (Not Recorded in FINET)

CASH RECEIPT TRANSACTION (NON-REFERENCING)

LN #	Vendor Provider Cust #	Fund	Dept	Unit	Appr	Rev Source/ Sub	BS Acct	Object	Activity	Function	Program Number	Phase	Amount	Description (30 characters)	*D	
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

* Note - Use "D" only if this is a decrease in cash. Left blank indicates an increase in cash.

Receipt Numbers From

To

** Department name

** Division

**Prepared By

** EIN

** Phone

** Department Head or Authorized Agent Signature

**Date

**Fields Required to Submit Form

FI 33
08/2018
Division of Finance



Deposit Date Accounting Period (MM/YY) /
MM/DD/YYYY
 Budget Fiscal Year YYYY
 Bank Account
 Comments (20 Char)

Transaction I.D.		
C R		
Type	Department	Document Number

Department Control Number (Not Recorded in FINET)

CASH RECEIPT TRANSACTION FORM (NON-REFERENCING)

LN #	Vendor Provider Cust #	Fund	Dept	Unit	Appr	Rev Source/ Sub	BS Acct	Object	Activity	Function	Program Number	Phase	Amount	Description (30 characters)	*D	
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																

* Note - Use "D" only if this is a decrease in cash. Left blank indicates an increase in cash.