

FI 33  
 09/2022  
 Division of Finance



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

\*\*Submitted Date

Transaction I.D.		
C R	-----	-----
Type	Department	Document Number

Document Total

Email completed form to:  
 financesupport@utah.gov  
 For questions, please call  
 (801) 957-7750

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

