

FI 33
 07/2022
 Division of Finance



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

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

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07/2022
Division of Finance



Deposit Date Accounting Period (MM/YY) /
MM/DD/YYYY
Budget Fiscal Year YYY
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C R	_____	_____
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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.