

FI 33
08/2018
Division of Finance



Deposit Date Accounting Period (MM/YY) /

**Submitted Date

MM/DD/YYYY

Budget Fiscal Year YYYY

New Modification

Bank Account

Comments (20 Char)

Transaction I.D.		
<u>C</u>	<u>R</u>	
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

