

MISSISSIPPI STATE UNIVERSITY

Checks: _____

CASH RECEIPT

Department Use Only

Cash: _____

VOUCHER

Credit Cards: _____

Total Deposit _____

PLEASE PROVIDE AN EXTRA COPY FOR RETURN RECEIPT

DEPOSIT TO ACCOUNT(S)

FUND (6)	ORG (6)	ACCOUNT (6)	PROGRAM (6)	ACTIVITY (6)	AMOUNT
TOTAL THIS PAGE					

DESCRIPTION (UP TO 25 Characters)

MEMO: (Will not be entered by Cashier)

PREPARED BY: _____

DATE: _____

TELEPHONE #: _____

SUBMITTED BY: _____

MAIL STOP #: _____