

Longwood University Standard Transmittal Form

Date: _____

Enclosed are the following funds:

Currency: _____

Overages: \$ _____

Shortages \$ _____

Rolled Coin: _____

Total Funds

Transmitted: \$ _____

Loose coin in envelope: _____

Checks: _____

Credit Card Total: _____

TOTAL FUNDS TRANSMITTED: \$ _____

Please credit the following account(s):

*Account Name: _____ FRS _____ Detail Code: _____ \$ _____

Banner Account: (F) _____ (O) _____ (A) _____ (P) _____

*Account Name: _____ FRS _____ Detail Code: _____ \$ _____

Banner Account: (F) _____ (O) _____ (A) _____ (P) _____

*Account Name: _____ FRS _____ Detail Code: _____ \$ _____

Banner Account: (F) _____ (O) _____ (A) _____ (P) _____

*Account Name: _____ FRS _____ Detail Code: _____ \$ _____

Banner Account: (F) _____ (O) _____ (A) _____ (P) _____

To be Completed by the Office of Cashiering

To be Completed by Department

DATE RECEIVED: _____

PREPARED BY: _____

CASHIER: _____

PHONE NUMBER: _____