

Radford University
The Office of the Bursar
Cashier's Transmittal Form
(540) 831-5417

Department Name: _____ Date: _____

Deposits WITH detail codes

Detail Code: _____ Amount: _____

Detail Code: _____ Amount: _____

Detail Code: _____ Amount: _____

Deposits WITHOUT detail codes

Deposit description: _____

Fund: _____ Org: _____ Acct: _____ Prog: _____ Amount: _____

Deposit description: _____

Fund: _____ Org: _____ Acct: _____ Prog: _____ Amount: _____

Deposit description: _____

Fund: _____ Org: _____ Acct: _____ Prog: _____ Amount: _____

DEPOSIT TOTAL: _____

Over/Short: _____

Deposit Prepared By: _____ Date: _____

Phone number: _____ PO Box: _____

Deposit Reviewed By: _____ Date: _____

Deposit Presented By: _____ Date: _____

Student Accounts/Cashier's Use Only:	
Deposit Received By: _____	Date: _____
Deposit Verified By: _____	Date: _____