



**CREDIT CARD
TRANSMITTAL
FORM**

Department: Business Office

Prepared by: Windria Nelson

Please list entries respectively with like account numbers.

Receipt number (office use): _____

NAME / ADDRESS	AMOUNT	ACCOUNT NUMBER	DESCR. OF TRANSACTION	CREDIT CARD NUMBER
Don Foth Mt. Clinton Pike Harrisonburg	15.00	1-2345-6789-0	Tuition Deposit	1234-5678-9101-1213 EXP. DATE: 5/99
Janice Listkey Rt. Box Harrisonburg	25.00	1-2345-6789-0	Tuition Deposit	2345-6789-1011-2131 EXP. DATE: 7/98
total	40.00	1-2345-6789-0		EXP. DATE:
Lisa Crist Massanutten Vill. McGanessville VA	4.25	1-9876-5432-0	Remb. Supplies	3456-7891-0112-1311 EXP. DATE: 9/99
Connie Ebersole Millandale Harrisonburg VA	5.25	1-9876-5432-0	Remb. Supplies	4567-8910-1112-1323 EXP. DATE: 10/98
total	9.50	1-9876-5432-0		EXP. DATE:
				EXP. DATE:
				EXP. DATE:

TOTAL OF TRANSMITTAL: 49.50

**RETURN BOTH COPIES
TO CASHIER**

Business Office Received (date): _____

Received by: _____

Receipt verifying amount will be sent in campus mail.