



CASH/CHECK TRANSMITTAL FORM

Department: Business Office

Prepared by: Wendie Nelson

Date: 7-17-01

Receipt number (office use): _____

Please list entries respectively with like account numbers.

NAME / ADDRESS	Check No.	AMOUNT	ACCOUNT NUMBER	DESCR. OF TRANSACTION
<u>Don Jath</u> <u>Mt Clinton Pike</u> <u>Harrisonburg, VA</u>	<u>1250</u>	<u>15.00</u>	<u>1-2345-6789-0</u>	<u>Quinton Deposit</u>
<u>Janice Liskey</u> <u>Rt. 602</u> <u>Harrisonburg, VA</u>		<u>25.00</u>	<u>1-2345-6789-0</u>	<u>Quinton Deposit</u>
<u>Total</u>		<u>40.00</u>	<u>1-2345-6789-0</u>	
<u>Lisa Crist</u> <u>Massanutten</u> <u>McGeheysville, VA</u>		<u>4.25</u>	<u>1-9876-5432-0</u>	<u>Reimb. Supplies</u>
<u>Connie Taborsky</u> <u>Hillandale Park</u> <u>Harrisonburg, VA</u>		<u>5.25</u>	<u>1-9876-5432-0</u>	<u>Reimb. Supplies</u>
<u>Cash</u>		<u>10.00</u>	<u>1-9876-5432-0</u>	<u>Reimb. Supplies</u>
<u>Total</u>		<u>19.50</u>	<u>1-9876-5432-0</u>	
TOTAL OF TRANSMITTAL:		<u>59.50</u>		

Business Office Received (date): _____

Received by: _____

Receipt verifying amount will be sent in campus mail.

RETURN BOTH COPIES TO CASHIER