STATE DEPARTMENT OF EDUCATION
CASH RECEIPT TRANSMITTAL FORM

TO: OFFICE OF FINANCE		FINANCE USE ONLY
	RECEIPT #	
	DATE ENTERED	
FROM: OFFICE OF _____		

OFFICE RECEIPT # ***FISCAL YEAR***

Des:

GL: *AMT:* *CC:* *FA:* *Fund:*

Des:

GL: *AMT:* *CC:* *FA:* *Fund:*

Des:

GL: *AMT:* *CC:* *FA:* *Fund:*

I certify that I have balanced the SDE Cash Receipt Transmittal Form with the receipts written in this office, and the cash, money orders, and/or checks received. I also certify that all receipts are in sequential order, any voided receipts are included, and the accounting codes are correct.

CASH	
CHECKS/MO	
TOTAL $	

PREPARED BY - Date

SUPERVISOR/DIRECTOR

Revised: August 2, 2017