RECORD OF CASH RECEIPTS

NO.

TO: Accounting Office

FROM:

DATE

DATE REC'D	NAME AND ADDRESS OF REMITTOR	PURPOSE	TYPE OF REMIT-ANCE		AMOUNT		Accounting Office Use Only	
			CASH	OTHER	DOLLARS	CTS.	BILL NO. OR OTHER REFERENCE	APPROPRIATION OR FUND SYMBOL AND COST CODES *(Refunds only)*

RECEIPT OF FUNDS					
AMT.	DATE	SIGNATURE	**TOTAL REMITTANCE**		CERT. OF DEPOSIT NO. / DATED
		MAILROOM			DATE
		ACCOUNTING OFFICE			SIGNATURE

Form DOT F 2770.2 (8-73)

Save Data Only | Clear Form | Save Data & Form