THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER AT DALLAS
CHECK/CASH TRANSMITTAL FORM

for accounting use

CR #

Page _____ of _____

CHECK #	DATE OF CHECK	ORIGINAL PAYEE	MAKER	AMOUNT
Currency				
Coin				
Page Total				
Grand Total (if more than one page)				

CREDIT ACCT. No.: _____ CODE: _____ _____ _____

ACCOUNT NAME: _____ PRINCIPAL INVESTIGATOR: _____

EXPLANATION: _____

_____

FROM:

_____
(deposited by) (ext)

_____
(department)

_____
(date deposited)

FORWARDED TO:

_____
(received by)

_____
(department)

_____
(date received)

TO: ACCOUNTING

_____
(received by)

_____
(date received)

Distribution: Goldenrod — Preparer; Pink — Forward Acknowledgement; Green, Yellow, & White — Accounting

UTSMCD 3077 (Rev. 10/90)