MISSISSIPPI STATE UNIVERSITY

Checks: _____

Cash: _____

Credit Cards: _____

Total Deposit 0.00

CASH RECEIPT

VOUCHER

Department Use Only

PLEASE PROVIDE AN EXTRA COPY FOR RETURN RECEIPT

DEPOSIT TO ACCOUNT(S)

FUND (6)	ORG (6)	ACCOUNT (6)	PROGRAM (6)	ACTIVITY (6)	AMOUNT
TOTAL THIS PAGE					0.00

DESCRIPTION (UP TO 25 Characters)

_____

MEMO: (Will not be entered by Cashier)

_____

PREPARED BY:

DATE: **TELEPHONE #:**

SUBMITTED BY:

MAIL STOP #: