

**Collection Report
Official Receipt**

For Bursar's Office Use Only

ID Number

Payer's Name _____

Street _____

City _____

State _____

Zip _____

Amount	Budget Purpose	Dept. Act. 1	Natural Account	Object
	Description:			
	Description:			
	Description:			
	Description:			
	Description:			
	Description:			
	Description:			
	Total			

Explanation:

Type of Funds:	
Cash & Coin	
Check	
Certified Funds	
Credit Card	
EFT	
Total	

Prepared by: _____

Phone #: _____

Department: _____

Box #: _____

Fiscal Officer: _____

Date: _____