

## Cash or Check Transmittal Form

	Name of Payer	General Ledger Account Number	Cash	Check	Check Number	Amount
	Full name	1-0-00-000-0000	x		0000	\$ 1,000.00
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
<b>Total</b>						\$

Signature		Date	
Department/Section			