

**CSU Stanislaus**  
**CASH TRANSFER RECEIPT**  
Cashier Office MSR 100      Ph: 209-667-3406

*Prepare three copies: original transferor, duplicate Cashier, triplicate accounting*

Date: \_\_\_\_\_

**Required:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Dept. Name \_\_\_\_\_

Description/Source \_\_\_\_\_

Total Amount \_\_\_\_\_ Satellite Cashier Code No. \_\_\_\_\_

If not satellite cashier provide deposit chart string.

Amount	Account	Fund	Department	Program Code	Project Code (Grant Only)

**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_ Cashier Signature \_\_\_\_\_