



# Student Business Services

Sage Hall  
(805) 437-8810

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

Department Name: \_\_\_\_\_ Prepared By: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Receipt To: \_\_\_\_\_

## Business Unit Information

<input type="checkbox"/>	AR_FDN (Foundation AR Invoices)	<input type="checkbox"/>	FDN-CK (Foundation Check Donations)
<input type="checkbox"/>	AR_OTHER (Other AR)	<input type="checkbox"/>	LIBRARY MEMBERSHIP
<input type="checkbox"/>	AR_SALADV (Employee AR-Salary Advance)	<input type="checkbox"/>	LIBRARY FINES
<input type="checkbox"/>	REVOLVING CLAIMS FUNDS	<input type="checkbox"/>	MISC-ASI (Miscellaneous Payments CIASI)
<input type="checkbox"/>	ELMCLEARING (ELM Clearing)	<input type="checkbox"/>	MISC-CMP (Miscellaneous Payment CICMP)
<input type="checkbox"/>	FDN-C (Foundation Cash Donations)	<input type="checkbox"/>	MISC-FDN (Miscellaneous Payment CIFDN)
<input type="checkbox"/>	EMarket:	<input type="checkbox"/>	MISC-UGC (Miscellaneous Payment CIUGC)
		<input type="checkbox"/>	Other:

Invoice Number (if applicable): \_\_\_\_\_

## Cash Denominations/Check Totals

Paper Currency	Quantity	Total
\$100		
\$50		
\$20		
\$10		
\$5		
\$2		
\$1		
<hr/>		
Coins	Quantity	Total
\$1.00		
\$.50		
\$.25		
\$.10		
\$.05		
\$.01		

Check/Description	Amount

Cash Total: \_\_\_\_\_

Check Total: \_\_\_\_\_

Cash/Check Total: \_\_\_\_\_

## Accounting String (Requestor's responsibility to verify this information. All corrections must be made by the requestor using the JET process.)

Business Unit	Account	Fund	Department	Program	Project	Class	Amount