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|---|
| For Student Financial Services Use Only |
| Date: |
| Cash Total: \$ |
| Check Total: \$ |

AUBURN UNIVERSITY
STUDENT FINANCIAL SERVICES – CASHIER DEPARTMENT
COLLECTIONS REPORT / RECEIPTS VOUCHER

| |
|-------------------------------------|
| STUDENT FINANCIAL SERVICES USE ONLY |
| JOURNAL NO. _____ |

Department/Organization Name: _____

Address: _____

Date Prepared by Dept: _____

Receipts Attached : _____ through # _____

| FOAP-A | | | | | Journal Type | DESCRIPTION | GROSS COLLECTIONS | SALES TAX | ADJUSTMENTS EXPLAIN BELOW | NET AMOUNT | +/- |
|--------|-----|-------|------|----------|--------------|----------------------|-------------------|-----------|---------------------------|------------|-----|
| Fund | Org | Acct | Prog | Activity | | | | | | | |
| | | | | | CR05 | | | | | | |
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| | | | | | CR05 | | | | | | |
| 101002 | N/A | 20303 | N/A | | CR05 | AU SALES TAX | | | | | |
| | | 57100 | | | CR05 | OVERAGES / SHORTAGES | | | | | |

| | |
|-------------|--|
| GRAND TOTAL | |
|-------------|--|

* Adjustment Explanation(s) Below:

| | | |
|--------------|-----------------------------|--|
| <div></div> | Summary Payment Mode | |
| | Checks & M.O.'s | |
| | Currency | |
| | Coin | |
| | Direct/Confirm Deposits*** | |
| | Credit Cards *** | |
| | Transaction Date *** | |
| TOTAL | | |

Endorse checks and attach adding machine tape.

PREPARED BY : _____
 I Certify this to be True and Correct Report of Income Received to Date.

PHONE: _____

Print a White and a Pink Copy. Send both to Student Financial Services.
 After the pink copy is validated, it will be returned as your receipt.

SIGNATURE: _____
 (Should be signed by someone other than Preparer)

CR05 (REV 09/11-B)