

**ROLLINS COLLEGE
OFFICE OF THE BURSAR
CASH TRANSMITTAL FORM - INDIVIDUAL ACCOUNTS**

DEPARTMENT: DATE: (mm/dd/yyyy) Prepared by: Box # EXT:

MONEY RECEIVED FROM (NAME)	PAYMENT DESCRIPTION	TERM	R# OR SSN (Individual Account #)	AMOUNT RECEIVED	CA/CK VS/MC	CASH RECEIPT#
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CASH

TOTAL

CHECKS

VISA/MC

TOTAL

Prepared by: _____
Signature