

**SAMPLE ONLY**

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

Student Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Check No. \_\_\_\_\_

Check Amount \$ \_\_\_\_\_

Credit Card Ref. No. \_\_\_\_\_

Amount Charged \$ \_\_\_\_\_

Department or Purpose \_\_\_\_\_

Banner Index \_\_\_\_\_

Department Approval \_\_\_\_\_

Receipt Not Valid unless signed by authorized individual

Student's Signature: \_\_\_\_\_

FOR CASH ONLY

Cash amount: \$ \_\_\_\_\_

Payer's Name: \_\_\_\_\_

Payer's Address: \_\_\_\_\_

Occupation, Profession  
or Business: \_\_\_\_\_

Payer's SSN: \_\_\_\_\_

Payer's Birthdate: \_\_\_\_\_

ID Source verified: \_\_\_\_\_

ID Number: \_\_\_\_\_

Cashier Verification

CASHIER COPY

DEPARTMENT COPY

PAYER'S COPY