The University of Georgia

Office of the Senior Vice President for Finance and Administration

Bursar's Office

CREDIT/DEBIT CARD TRANSMITTAL

DATE: _____

TOTAL SALES TRANSMITTED

CREDIT: ***(Enter Account number with no dashes example 1000GN00000011895)***

Account Number	Account Name	Amount
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
	TOTAL	$ 0.00

SENDING DEPARTMENT: _____

BY: _____

TERMINAL TRANSMITTAL LOG

TIME:	EMPLOYEE:	BATCH NO:	AMOUNT:
			$
			$
			$
			$
		TOTAL SALES TRANSMITTED	$ 0.00

Clear Form

Click here to Print and Submit form to The Bursar's Office

October, 2006
http://www.busfin.uga.edu/forms/credit_card_transmittal.pdf