

SOUTHERN ILLINOIS UNIVERSITY

--	--	--	--	--	--	--	--	--

Payer's
Name

Street

City _____ State _____ Zip _____

For Bursar's Office Use Only

Amount	Budget Purpose	Dept. Act. 1	Dept. Act. 2	Natural Account	Object	FFY	Inst. Act.
	Budget Purpose	Description					
	Budget Purpose	Description					
	Budget Purpose	Description					
	Budget Purpose	Description					
	Budget Purpose	Description					
	Budget Purpose	Description					
	Budget Purpose	Description					
	Budget Purpose	Description					
	<Total			Bank	Cashier		

Description:

Cash & Coin
Check
Certified Funds
Credit Card
E.T.
Total

Prepared by: _____ Phone #: _____

Dept: _____ Mailcode: _____

Fiscal Officer:

Date: _____