Broward Community College

Opening doors to a brighter future

Broward Community College

MONEY TRANSMITTAL FORM

From: _____

Date: _____

Receipt Date: _____

Org. & Acct #: _____

Department Signature: _____

Cashier's Signature: _____

To: Cashier's Office ❑ Central ❑ North ❑ WHC ❑ South ❑ Pines

Total Monies Transmitted: _____

Receipt Number: _____

Social Security/ Vendor Number	Name Student, Vendor or on Check	Sequence or Org #	Course # or Acct #	Term	Description/Other	Course Fee	Application	Total	Credit Card	Fin. Aid	Money Ord.	Check	Cash	EFT	Cashier's Office Use Only

CASH-015 (Rev. 10/04)