BROWARD COLLEGE
www.broward.edu

MONEY TRANSMITTAL FORM

Broward College

From: _____

Date: _____

Receipt Date: _____

Org & Acct #: _____

Department Signature: _____

Cashier's Signature: _____

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

Total Monies Transmitted: _____

Receipt Number: _____

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

CASH-15 (REV. 10/10)