

Cash Voucher Manual Entry - Instructions

To record deposits or disbursements that have ten lines or less.

(1) Cash Entry Information

Deposit Location (required): Enter the deposit location in this format: Loc 05

Department	Bank 71 Loc	Bank 77 Loc
Auxiliary Services	-	04
Advancement	09	12
Alumni/Foundation	09	35
Corbett Center Student Svcs	-	14
Golf Course	02	15
Player's Grill	04	11
Parking	05	06
Parking Web	-	23
PSL / TAAC	-	22
Special Events & Theatre	06	17
SPA	07	-
UAR/Cashier's Office	08	21

Index (required)

Fund (required)

Account (required)

Amount (required): The default is a debit (+) to enter a credit (-) use a "-" before entering the amount.

Description (required): This is a brief description of the item.

Reference: Leave the reference field blank.

Document Total: The form will automatically calculate the total of the absolute values regardless of whether the amount is a debit or a credit (+/-).

Actual Total: The form will automatically calculate the net of the amounts entered. The Actual Total amount should equal the amount deposited.

(2) Explanation: Provide a complete description/explanation for the JV.

(3) Routing: All Cash Entries must be reviewed by the PI, Dean/VP/CC President, or designee and approved by the appropriate Fiscal Monitor.



Cash Voucher Manual Entry - 10 Lines or Less

Are you using sponsored awards or gifts on this form?

- Yes - Route MSC SPA
 No - Route MSC CAR

ROUTING

SECTION 1: REQUESTOR INFORMATION

Fiscal Yr: _____ Date (mm/dd/yyyy): _____ Requestor Name: _____ Phone: _____
 Department: _____ E-mail Address: _____ Campus Box: _____

SECTION 2: REQUEST DETAILS

Document #: _____ Processed By: _____ Deposit Location: _____

Seq #	JV Code	Index	Fund	Account	Amount	+/-	Description (29 spaces)	Reference
1	CR05							
2	CR05							
3	CR05							
4	CR05							
5	CR05							
6	CR05							
7	CR05							
8	CR05							
9	CR05							
10	CR05							
Document Total:								
Actual Total:								

Memo Bank Account/Bank: _____

Complete Explanation:

SECTION 3: APPROVAL

Printed Name _____ Signature _____ Date _____ Principal Investigator Dean/VP/CC President
 Designee

SECTION 4: OFFICIAL APPROVAL

Fiscal Monitor: Printed Name _____ Signature _____ Date _____

Approved By: Printed Name _____ Signature _____ Date _____

Reset