

MISSOURI STATE UNIVERSITY TM
MONEY RECEIVED REPORT

Distribution
1st Copy - Financial Services
2nd Copy- Bursar's Office
3rd Copy - Department

Name of person completing Report _____
Department: _____
Campus Address: _____
Office Phone Number: _____ Date: _____

For Bursar's Office Use Only
Date Processed: _____

Processed By: _____

Transaction #: _____

I certify that the following is a correct statement of all money received by me _____
Signature of person completing form

Date	From Whom/For What	PMT Type	FUND	ORG	ACCOUNT	PROG	AMT