



REMITTANCE ADVICE FORM

Cashier's Office
 19 Hagood Ave., Suite 303 Harborview Office Tower

DEPARTMENT: _____

BAG NUMBER: _____

DATE: _____

DEPOSIT				RECONCILIATION	
Denominations	# of bills			SALES TOTAL:	_____
\$100	X	_____	=	_____	
\$50	X	_____	=	_____	
\$20	X	_____	=	_____	
\$10	X	_____	=	_____	
\$5	X	_____	=	_____	
\$1	X	_____	=	_____	
TOTAL CURRENCY:		_____			
TOTAL COINS:		_____			
TOTAL CHECKS:		_____			
				(Attach adding machine tape around checks)	
TOTAL BANK DEPOSIT:		=====			
TOTAL CREDIT CARDS:		_____			
				(Must have "Balancing Report" -Attach charge slips with remittance advice form outside of bank bag)	
GRAND TOTAL:		=====			
				CHANGE FUND	
				SHIFT BEGINNING:	_____
				SHIFT ENDING:	_____
				OVER/SHORT:	=====
				SUBRECEIPT NUMBERS	
				List Subreceipt Numbers:	_____
				Voids:	_____

UDAKS TO BE CREDITED:

ENTITY	ACCOUNT	UNIT	PROJECT	RPTG	YEAR	Amount

SIGNATURE

Telephone Number

Submit to: MUSC Cashier's Office
 19 Hagood Avenue, Suite 303 Harborview Office Tower