

UNIVERSITY OF SASKATCHEWAN
DAILY CASH REPORT

Cash Report #		Receipt #	
Department:*		Phone:*	
		Date:*	
THIS REPORT COVERS: <i>(Additional Information, Comments, Etc.)</i>			
	Bills (Type)	# of Bills	Amount
	\$ 5		\$ -
	\$ 10		\$ -
	\$ 20		\$ -
	\$ 50		\$ -
	\$ 100		\$ -
	Coin		
	Sub total Cash		\$ -
PREPARED BY: *	Cheques		
<i>Contact Person (Please Print)</i>	Debit Card		
	MasterCard		
APPROVED BY:*	VISA		
	AMEX		
<i>Signature (For Department Head)</i>	Other		
			\$ -
	TOTAL DEPOSIT		\$ -

CFOAPAL INFORMATION:							
CHT*	FUND*	ORG*	ACCOUNT*	PROGRAM*	ACTIVITY	LOCATION	Amount
<i>1 digit</i>	<i>6 digits</i>	<i>4 digits</i>	<i>5 digits</i>	<i>4 digits</i>	<i>5 digits</i>	<i>6 digits</i>	
e.g 1	e.g. 123456	e.g. 1234	e.g. 12345	e.g. 1234	e.g. 12345	e.g. 123456	

NOTE: * = REQUIRED INFORMATION **TOTAL CREDIT: \$ -**