Radford University

The Office of the Bursar

Cashier's Transmittal Form

(540) 831-5417

Department Name: _____ Date: _____

Deposits WITH detail codes

Detail Code_____ Amount _____

Detail Code_____ Amount _____

Detail Code_____ Amount _____

Deposits WITHOUT detail codes

Deposit description: _____

Fund: _____ Org:_____ Acct: _____ Prog:_____ Amount _____

Deposit description: _____

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