



Miscellaneous Income – Transmittal Form

Date Received: _____

Delivered By: _____
(Name, Department and Telephone #)

Payer / Sponsor Name:	Fund #	Fund Name	Purpose, event, program	Amount			
				Cash	Check		Total
					Check #	Check Amount	
Sub totals:							

For Foundation Use Only:	
Received by:	_____
Journal Entry No:	_____

Grand total: _____