

Rochester College
Receipt of Payment
Student Organizations

Name of Student/Faculty depositing funds: _____

Source of funds: _____

Date: _____

Account to Receipt to:
 Alpha Sigma Lambda NHS
 Omicron Omega Zeta
 Psi Chi
 Student Government
 Student Nurses Assoc.
 Tau
 Other

10-000-2322-000-00
 10-000-2319-000-00
 10-000-2337-000-00
 10-000-2320-000-00
 10-000-2367-000-00
 10-000-2329-000-00

Amount Rec'd

\$
\$
\$
\$
\$
\$
\$

DUE2ALPHSILMCSB
 DUE2OOZCSB
 DUE2PSICHICSB
 DUE2STUDGOVCSB
 DUE2STUDNURCSB
 DUE2TAUCSB

Business Office Use

	Amount
Cash	_____
Check	_____
Money Order	_____
Charge	_____
Total Funds Received	_____

 Received By

 Date