Credit Card Fee Processing

TO RECORD CREDIT CARD USAGE BY DEPARTMENTS OTHER THAN THE BURSAR OFFICE.

Date:__________________________________________________________

Department:____________________________________________________

Credit Card Activity Total:________________________________________

Accounting to be Charged for Credit Card Fees:______________________

***COPY OF DAILY CLOSE REPORT MUST BE ATTACHED***

Bursar Office to Complete Below:

Cashier Banner Username and Session Number:________________________

TURN THIS FORM INTO PENNY BALES @ FINANCIAL SERVICES, BOX 7920 – RED MAIL BAG

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