



STUDENT ACCOUNTS OFFICE

RECEIPT INFORMATION

Date: _____
Department Name: _____

<u>Account Number:</u>	<u>Amount:</u>	<u>*Ck. #:</u>	<u>Check Issued By:</u>	<u>Receipt Description:</u>
1 _____	\$ _____	_____	_____	_____
2 _____	\$ _____	_____	_____	_____
3 _____	\$ _____	_____	_____	_____
4 _____	\$ _____	_____	_____	_____
5 _____	\$ _____	_____	_____	_____

Submitted by: _____

***If the item is not a check, please indicate whether it is cash or a credit card.**

*****Please list each item separately.***

Integrating Faith in Learning, Leading and Serving

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