Office of Finance and Support Services **Transmittal No. _____**
(225) 342-0700
Funds Transmittal Sheet

DATE: _____
Agency /Appropriation No.:_____ **Agency Name**:_____

Instructions: List each item to be deposited individually below. Include a tape that shows the item count and total amount submitted. Use the Comments column for any special deposit instructions.

Check/ Money Order No.	Check Date	Check Sender/Payer	Amount	Comments Description/Purpose of the Funds
CASH	**N/A**			

No. of items submitted: _____ Total Amount submitted: $_____

Submitted by: _____ Date:_____

Phone: _____

To be completed by OFSS Staff:

Received in OFSS by:	Signature:		Date:
Verified	Amount:	No. of Items	
Classification			
REV ORGN			