

MISSISSIPPI COLLEGE CASH RECEIVED				
Date _____		Amount \$ _____		
Amount <b>MUST</b> be verified by Bursar's Office				
Verified by: _____		Signature of depositor: _____		
For: _____				
_____				
Name of Organization or Department _____.				
Depositor Contact info: Box # _____		Telephone # _____		
Account No. _____				
Fund	Organization	Account	Program	Activity

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