

**MONTEREY COUNTY OFFICE OF EDUCATION
INCOME TRANSMITTAL FORM**

Date: _____

To: Supervisor, Internal Business Services

From (Name/Department): _____

Subject: Transmittal of Program Related Income

Name of Program _____

Credit Account	Fund	Resource	Yr	Goal	Function	Object	School	Local	Manager
Number:									

Name of Event and Date/Reason _____

1. Amount received in checks (list on reverse side) _____
2. Amount received in cash (list on reverse side) _____
Note : Sub-receipts must be issued for cash collections and submitted with this form
3. Total amount of deposit (#1 and #2 above) _____
4. Total amount of district purchase orders to be billed _____
5. Inter-Department Transfer _____
6. Total amount of this transmittal (#3, #4, and #5) _____

Department Authorized Signature

Business Office Signature

For Business Office use only:	
Date deposit made:	Date purchase orders forwarded for invoice:

